Appendix A Well Surveillance Field Forms

	We	ll Surveillar	nce Fie	eld Form		
Well ID: 1781	Well Nar	ne: ICPP-1781				
Date of Inspection: 10/27/05			Pu	rpose of Surveillance		
Facility/Location: ICDF				Institutional control		
Directions to the well: South side of ICDF			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X (Brass cap only)			S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X		sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
				jection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X		GP	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No		ectrical	Yes	No
Was well locked on arrival?	X		Is a	nn electrical plug present?		X
Was well locked on departure?	X					
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X			s the well photographed?	X	
If yes, are post painted yellow?	X		Lis	t the photograph numbers: 0107		
			1 ~			
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		ls a	a survey marker present?	X	
O II C P.C	X 7	NI -				
Overall Condition Maintenance required?	Yes X	No	TC-	ves, describe required maintena	was balany	
Is wellhead integrity compromised?	Λ	X				
is weinlead integrity compromised?		Λ	11)	ves, describe required immediat	te maintenance below.	
General Maintenance Comments: Needs labe	el on the casing					
General Wantenance Comments. Needs 1a0C	of the casing.					
Immediate Maintenance Requirement (if nec	cessary): None					
Immediate Maintenance Requirement (if nec	cessary): None					
Immediate Maintenance Requirement (if neo	cessary): None					
Immediate Maintenance Requirement (if ne	cessary): None					
Immediate Maintenance Requirement (if ne	cessary): None					
Immediate Maintenance Requirement (if nec	cessary): None		Checkli	st reviewed by (print)		

	Well	Surveillar	ice Field Form		
Well ID: 1782	Well Name	: ICPP-1782			
Date of Inspection: 10/27/05	·		Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICDF	7		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X (Brass cap only)		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 01	108	
			La		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
0 110 122	T 7	N T			
Overall Condition	Yes	No	16 1 11 1 1		
Maintenance required?	X	V	If yes, describe required maint		
Is wellhead integrity compromised?		X	If yes, describe required imme	diate maintenance below.	
General Maintenance Comments: Needs	label on the casing				
General Maintenance Comments. Necus	laber on the easing.				
Immediate Maintenance Requirement (i	f necessary). None				
immediate maintenance requirement (1	i necessary j. rvone				
Checklist prepared by (print)		T	Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Digitatui C.	Date.		Digitature.	Date.	

	Well	Surveillar	nce Field Form		
Well ID: 1783	Well Name	: ICPP-1783			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICDF	7		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X (Brass cap only)	110	GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?	A (Bruss cup omy)	X	Easting:	Easting:	os (optionar)
Well Name present?	X		Northing:	Northing:	
Wen rune present.	11		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	2 www.	
Accessible without unlocking?		X	or a grade.		
ricessione without unioning.			I		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X		1 51		
•			-		
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: (0109	
·	·				
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required main		
Is wellhead integrity compromised?		X	If yes, describe required imm	ediate maintenance below.	
General Maintenance Comments: Needs	labal on the engine				
General Maintenance Comments: Needs	label off the casing.				
Immediate Maintenance Requirement (i	f necessary). None				
immediate mantenance requirement (i	i necessary). INONE				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
0 11 11	1		o ····		

	Well	Surveillai	nce Fie	eld Form		
Well ID: 1800	Well Name	e: ICPP-1800				
Date of Inspection: 10/27/05			Pu	rpose of Surveillance		
Facility/Location: ICDF				Institutional control		
Directions to the well: South side of ICDI	F		X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No		C	oordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coord	inates (optional)
Well ID present?		X		sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
				ejection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X		GP	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No	Ele	ectrical	Yes	No
Was well locked on arrival?	X		Is a	an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts	Yes	No		otographs	Yes	No
Are protective posts present?	X			as the well photographed?	X	
If yes, are post painted yellow?	X		Lis	t the photograph numbers: 0111		
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is a	a survey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X			yes, describe required maintena		
Is wellhead integrity compromised?		X	If y	yes, describe required immediat	te maintenance below.	
General Maintenance Comments: Need	ds label on the casing.					
Immediate Maintenance Requirement (i	if necessary): None					
Checklist prepared by (print)				ist reviewed by (print)		
Signature:	Date:		Signatu	ire:	Date:	

	Well	Surveillan	ce Field Form		
Well ID: 1801	Well Name	e: ICPP-1801			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X (Brass cap only)	110	GPS Coordinates (optional)	Data Base Coordinat	es (ontional)
Well ID present?	A (Brass cap only)	X	Easting:	Easting:	es (optional)
Well Name present?	X	71	Northing:	Northing:	
wen rame present:	Α		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	Dutuiii.	
Accessible without unlocking?	71	X	Si S grade.		
recession without unlocking.		71			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 011	12	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required mainte		
Is wellhead integrity compromised?		X	If yes, describe required immed	iate maintenance below.	
General Maintenance Comments: Needs	lahel on the casing				
General Maintenance Comments. Treeds	idoer on the easing.				
Immediate Maintenance Requirement (if	necessary): None				
(ii					
Checklist prepared by (print)			Checklist reviewed by (print)		

	Well	Surveillar	nce Field Form		
Well ID: 1802	Well Name	: ICPP-1802			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICDF	7		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X (Brass cap only)	110	GPS Coordinates (optional)	Data Base Coordinat	es (ontional)
Well ID present?	21 (Bruss cup omy)	X	Easting:	Easting:	es (optional)
Well Name present?	X		Northing:	Northing:	
Wen rame present.	11		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	2 www.	
Accessible without unlocking?		X	or o grade.		
Tiecessicie willieur umeening.			I		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X		1 51		
•			-		
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: (0100	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required main		
Is wellhead integrity compromised?		X	If yes, describe required imm	ediate maintenance below.	
General Maintenance Comments: Need	is a label on the surface casing.				
<u> </u>					
Immediate Maintenance Description of (f nonossamule Nama				
Immediate Maintenance Requirement (i	i necessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Dignature.	Date.		Signature.	Date:	

	Well	Surveillar	ice Field Form		
Well ID: 1803	Well Name	e: ICPP-1803			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: East side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X (Brass cap only)	110	GPS Coordinates (optional)	Data Base Coordinate	es (ontional)
Well ID present?	A (Bruss cup city)	X	Easting:	Easting:	25 (optionar)
Well Name present?	X		Northing:	Northing:	
Wen rume present.	11		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	1,0	GPS grade:	2 www.	
Accessible without unlocking?	11	X	or o grade.		
ricessione without universing.					
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X		1 21		
1					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers:	0101	
, ,			1 5 1		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required mai	intenance below.	
Is wellhead integrity compromised?		X	If yes, describe required imp	nediate maintenance below.	
General Maintenance Comments: Needs	a label on the surface casing	•			
Immediate Maintenance Requirement (if	necessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)	T	
Signature:	Date:		Signature:	Date:	

	Well	l Surveillai	nce Fie	eld Form		
Well ID: 1804	Well Name	e: ICPP-1804				
Date of Inspection: 10/27/05			Pu	rpose of Surveillance		
Facility/Location: ICDF				Institutional control		
Directions to the well: East side of ICDF			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No		Со	ordinates	
	(Brass cap only)		GP	S Coordinates (optional)	Data Base C	oordinates (optional)
Well ID present?		X	Eas	sting:	Easting:	
Well Name present?	X		No	rthing:	Northing:	
				ejection: UTM	Projection:	
Locking well cap	Yes	No	Da	tum: WGS 84	Datum:	
Locking well head present?	X		GP	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No	Ele	ectrical	Yes	No
Was well locked on arrival?	X		Is a	an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X		Wa	as the well photographed?	X	
If yes, are post painted yellow?	X		Lis	t the photograph numbers: 0103		
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X		Is:	a survey marker present?	X	
				•		
Overall Condition	Yes	No				
Maintenance required?	X		If	ves, describe required maintenan	ce below.	
Is wellhead integrity compromised?		X	If	ves, describe required immediate	maintenance be	low.
General Maintenance Comments: Needs a new la	abel on the casing. M	linor cracks in p	ad, but ir	good condition.		
Immediate Maintenance Requirement (if necessar	ry): None					
Checklist prepared by (print)			Checkli	st reviewed by (print)		
Signature:	Date:		Signatu	re:		Date:

	Well	Surveillan	nce Fie	eld Form		
Well ID: 1807	Well Name	e: ICPP-1807				
Date of Inspection: 10/27/05			Pu	rpose of Surveillance		
Facility/Location: ICDF			X	Institutional control		
Directions to the well: South side of ICDI	Directions to the well: South side of ICDF			Routine surveillance		
				Other (specify below)		
XX	**				× ••	
Identification	Yes	No	C.P.		Coordinates	((1)
Is well labeled?	X (Brass cap only)	37		S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	37	X		sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
T 1' 11	X 7	N.T		jection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X	V	GP	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No	FL	ectrical	Yes	No
Was well locked on arrival?	X	110		in electrical plug present?	1 es	X
Was well locked on departure?	X		18 8	in electrical plug present?		Λ
was well locked oil departure?	Λ					
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X			is the well photographed?	X	
If yes, are post painted yellow?	X			t the photograph numbers: 0110	<u> </u>	
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is a	survey marker present?	X	
Overall Condition	Yes	No	Te			
Maintenance required?	X	37		ves, describe required maintena		
Is wellhead integrity compromised?		X	11 ;	ves, describe required immedia	te maintenance below.	
General Maintenance Comments: Need	de label on the easing					
General Maintenance Comments: Need	is label on the casing.					
Immediate Maintenance Requirement (i	f necessary): None					
Immediate Mannenance Requirement (12 110000341 3 3 1 1 1 1 1 1 1 1 1					
Checklist prepared by (print)				st reviewed by (print)		
Signature:	Date:		Signatu	re:	Date:	

	Well	Surveillar	nce Field Form		
Well ID: 1829	Well Name	: ICPP-1829			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICD.	F		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X (Brass cap only)		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: (0113	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required main	itenance below.	
Is wellhead integrity compromised?		X	If yes, describe required imm	ediate maintenance below.	
General Maintenance Comments: Nee	ds label on the casing.				
Immediate Maintenance Requirement (if necessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	Well	Surveillar	ice Field Form		
Well ID: 1831	Well Name:	: ICPP-1831			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICD) F		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X (Brass cap only)		GPS Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0106		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
0 110 111			T		
Overall Condition	Yes	No	10 1 11		
Maintenance required?	X	V	If yes, describe required maintena		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Nee	eds label on the casing.				
	inde the or one outsing.				
Immediate Maintenance Requirement ((if necessary): None				
1,1	v /				
		ı			
Checklist prepared by (print)	T _		Checklist reviewed by (print)	Τ_	
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 2019	Well Nai	me: ICPP-2019			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East side of INTEC			X Routine surveillance		
			Other (specify below)		
X1	*7			G 11 /	
Identification	Yes	No		Coordinates	(, ' 1)
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordina	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
T 11 11	X 7	N T	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	37	GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	*	
Was well locked on departure?	X			opened during surveillance	2
*					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers: NA		
		T ===	I a		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X	110	If yes, describe required mainter	nance below.	
Is wellhead integrity compromised?		X	If yes, describe required immedi		
	•	1	•		
General Maintenance Comments: Brass ca	p not stamped.				
T 11 / 15 / 16))) T				
Immediate Maintenance Requirement (if no	ecessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
o	1 =		0	1 = 4444	

	We	ell Surveillar	ice Field Form		
Well ID:2020	Well Nai	me: ICPP-2020			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Center of INTEC	Directions to the well: Center of INTEC				
			Other (specify below)		
XI 400 4	T 7			G 11 4	
Identification	Yes	No	CDC C 1: (; 1)	Coordinates	((1)
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
	* 7		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	***	GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	*	
Was well locked on departure?	X		1 51	opened during surveillance	
				g	•
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers: NA		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present.	11		13 d survey marker present:	11	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required mainte	nance below.	
Is wellhead integrity compromised?		X	If yes, describe required immed	iate maintenance below.	
Committee Committee Down					
General Maintenance Comments: Brass ca	ap not stamped.				
Immediate Maintenance Requirement (if n	ecessary). None				
Immediate Manitenance Requirement (II II	ccessary). INOIIC				
Checklist prepared by (print)	T		Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 2021	Well Nai	me: ICPP-2021			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	- 10	GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X		Easting:	Easting:	· · · · · · · · · · · · · · · · · · ·
Well Name present?	X		Northing:	Northing:	
•			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
5					
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	*	
Was well locked on departure?	X			ot opened during surveillance	,
*			-	ı	
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers: N.	A	
• • •	1				
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maint	enance below.	
Is wellhead integrity compromised?		X	If yes, describe required immed	diate maintenance below.	
Canada Maintanana Cammanta Duas a					
General Maintenance Comments: Brass ca	p not stamped.				
Immediate Maintenance Dequirement (if no	Anggamy). Mana				
Immediate Maintenance Requirement (if no	cessai y): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Oldinara.	Date.		Digitatui C.	Date.	

	We	ell Surveillar	nce Field Form		
Well ID: 1074	Well Nai	me: ICPP-MON-I	P-020 (MW-20)		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
•	<u> </u>		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X	<u> </u>		
Lache	Van	No	Flactuical	Vac	NI
Locks Was well locked on arrival?	Yes X	No	Electrical	Yes *	No
	X		Is an electrical plug present?	· ·	
Was well locked on departure?	Λ		Rad Well—	-not opened during surveillance	
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers:	NA	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
				1	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required ma	intenance below.	
Is wellhead integrity compromised?		X	If yes, describe required imr	nediate maintenance below.	
General Maintenance Comments: Brass ca	n not stamped				
General Maintenance Commency. Blass ca	p not stamped.				
Immediate Maintenance Requirement (if no	ecessary): None				
Checklist prepared by (print)		T	Checklist reviewed by (print)		
	Date:		* 1	Date:	
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	nce Field Form		
Well ID: 1073	Well Nai	me: ICPP-MON-I	P-018 (MW-17)		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South end of INTEC			X Routine surveillance		
			Other (specify below)		
The state of	*7			7 10 1	
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
T 1	X 7	N T	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	37	GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X		1 51	<u>'</u>	
			<u> </u>		
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers: NA		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present.			is a survey marker present.		
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena	ance below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
Canaval Maintananaa Commanta. Duaga	an not stammed				
General Maintenance Comments: Brass c	ap not stamped.				
Immediate Maintenance Requirement (if n	necessary): None				
(m h					
		1			
Checklist prepared by (print)	T_		Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 1072	Well Nai	me: ICPP-MON-I	P-017 (MW-16)		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	- 1,0	GPS Coordinates (optional)	Data Base Coordinate	tes (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
•	'		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:	•	
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers: NA		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X	NO	If yes, describe required maintena	anaa halaw	
Is wellhead integrity compromised?	Λ	X	If yes, describe required maintena		
is weiniead integrity compromised:		Λ	if yes, describe required infinedia	te maintenance below.	
General Maintenance Comments: Brass ca	p not stamped.				
Immediate Maintenance Requirement (if no	ecessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Dignature.	Date:		Dignature.	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 1070	Well Na	me: ICPP-MON-I	P-015 (MW-14)		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers:	NA	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
r in Frank			, and a first transfer of the first transfer		
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required main	ntenance below.	
Is wellhead integrity compromised?		X	If yes, describe required imm		
General Maintenance Comments: Brass car	p not stamped.				
In a dista Maintan and a Daguing and Cf					
Immediate Maintenance Requirement (if ne	cessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Digitatui C.	Date.		Digitatui C.	Date.	

	We	ell Surveillar	nce Fie	eld Form		
Well ID: 1069	Well Nar	me: ICPP-MON-I	P-014 (M	IW-13)		
Date of Inspection: 10/20/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: South end of INTEC			X	Routine surveillance		
				Other (specify below)		
					~ .	
Identification	Yes	No			Coordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X			sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
	**			ejection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X	***	GP	S grade:		
Accessible without unlocking?		X				
Lade	T7	N.T _	177	atrical	T7	NT -
Us well locked on arrival?	Yes X	No		ectrical	Yes	No X
	X		18 8	nn electrical plug present?		A
Was well locked on departure?	Λ					
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X			as the well photographed?		X
If yes, are post painted yellow?	X			t the photograph numbers: NA	<u>'</u>	
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X		Is a	a survey marker present?	X	
Overall Condition	Van	Nie				
Maintenance required?	Yes X	No	If.	ves, describe required mainten	anaa halaw	
Is wellhead integrity compromised?	Λ	X		ves, describe required inamedia		
is weinlead integrity compromised:		Λ	11 3	es, describe required infinedia	ite maintenance below.	
General Maintenance Comments: Brass ca	an not stamped Aluminus	m well can (8-in)	should b	e replaced it has a minor crack		
General Maintenance Commences. Brass co	ip not stamped. Thamma	in wen cup (o in.)	, should c	e replaced, it has a millor crack.		
Immediate Maintenance Requirement (if n	ecessary): None					
(II II						
Checklist prepared by (print)			Checkli	st reviewed by (print)		
Signature:	Date:		Signatu			

	We	ell Surveillar	nce Field Form		
Well ID: 1063	Well Nai	me: ICPP-MON-I	P-007 (MW-7)		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordinate	es (ontional)
Well ID present?	X		Easting:	Easting:	os (optionar)
Well Name present?	X		Northing:	Northing:	
Wen runic present.	71		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	2 0.0111.	
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X		1 21		
-	<u>'</u>				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers:	NA	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X	37	If yes, describe required ma		
Is wellhead integrity compromised?		X	If yes, describe required im	mediate maintenance below.	
General Maintenance Comments: Brass ca	n not stamped				
General Mantenance Commences. Blass ca	p not stamped.				
Immediate Maintenance Requirement (if no	ecessary): None				
*	• /				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	nce Field Form		
Well ID: 1062	Well Nai	me: ICPP-MON-	P-006 (MW-6)		
Date of Inspection: 10/20/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X			·	
	·		·		
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers	: NA	
	·		·		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present	? X	
	·		-	·	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required ma	aintenance below.	
Is wellhead integrity compromised?		X	If yes, describe required im	mediate maintenance below.	
General Maintenance Comments: Brass ca	ap not stamped.				
Immediate Maintenance Requirement (if n	ecessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 1059	Well Na	me: ICPP-MON-	P-003 (MW-3)		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
-			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers:	NA	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present.	A	1	13 d 3divey marker present:	A	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required mai	intenance below.	
Is wellhead integrity compromised?		X	If yes, describe required imm	nediate maintenance below.	
General Maintenance Comments: Brass car	n not stamped				
General Hamitenance Commences. Bruss Ca	5 not stamped.				
Immediate Maintenance Requirement (if ne	cessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
~1511mtut vi	Date.		Signature Co	Date.	

	Well	Surveillan	ce Field Form		
Well ID: 1065	Well Name:	: ICPP-MON-I	P-009 (MW-9)		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South end of INT	EC		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X (Brass cap only)		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	?		Is an electrical plug present?		
Was well locked on departure?	?		Bolted manhole cover—not op	ened during surveillance.	
	MW-9 is contained in	ı a manhole.			
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	NA		Was the well photographed?		X
If yes, are post painted yellow?	NA		List the photograph numbers: N	ſA	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?		X	If yes, describe required maint		
Is wellhead integrity compromised?		X	If yes, describe required imme	diate maintenance below.	
General Maintenance Comments: Non	ne, could not access.				
Immediate Maintenance Requirement ((if necessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillan	ice Field Form		
Well ID: 1442	Well Nai	me: ICPP-MON-A	A-230		
Date of Inspection: 10/20/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: North end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordinate	tes (ontional)
Well ID present?	X		Easting:	Easting:	ies (optionar)
Well Name present?	X		Northing:	Northing:	
wen rame present:	A		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	Datum.	
Accessible without unlocking?	Λ	X	of b grade.		
Accessione without unlocking:		Λ			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	*	
Was well locked on departure?	X		*Rad well—not o	pened during surveillanc	e.
	·		·		
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0083		
Surface Pad	Yes	No	Survey	Vac	No
	X	INO	Is a survey marker present?	Yes X	NO
Is a concrete pad present?	Λ		is a survey marker present?	Λ	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena	ance below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
	137 1	1			
General Maintenance Comments: Brass c	ap not stamped. Needs a n	iew pad.			
Immediate Maintenance Requirement (if n	ecessary). None				
Immediate Maintenance Requirement (ii i	iccessal y j. 110110				
Checklist prepared by (print)	T		Checklist reviewed by (print)	T	
Signature:	Date:		Signature:	Date:	

Well Name: ICPP-MON-A-001/NW-1 Date of Inspection: 10/20/05 Pactify Location: INTEC Institutional control		Well Surveilla	nce Field Form	
Institutional control Directions to the well: West side of INTEC X Routine surveillance	Well ID: 1057	Well Name: ICPP-MON	(-A-001(MW-1)	
Institutional control Directions to the well: West side of INTEC X Routine surveillance	Date of Inspection: 10/20/05		Purpose of Surveillance	
Identification Yes No Coordinates			Institutional control	
Mentification Yes No Coordinates	Directions to the well: West side of INTEC		X Routine surveillance	
Swell labeled?			Other (specify below)	
Swell labeled?				
Well ID present? Well Name present? Well Name present? Ves No Datum: WGS 84 Datum: Locking well leap Syrade: Accessible without unlocking? Locks Yes No Electrical Was well locked on arrival? Was well locked on departure? Protective Posts Are protective Posts Yes No Photographs Was well well well well well well well wel	Identification	Yes No	Coord	inates
Well Name present? X Northing: Projection: UTM UTM	Is well labeled?	X	GPS Coordinates (optional)	Data Base Coordinates (optional)
Projection: UTM Projection: UTM Datum:	Well ID present?	X	Easting:	Easting:
Locking well lead present? X GPS grade:	Well Name present?	X	Northing:	Northing:
Locking well head present? Accessible without unlocking? Locks Ves No Was well locked on arrival? Was well locked on arrival? Accessible without unlocking? No Was well locked on arrival? No Was well locked on arrival? Protective Posts Ves No Was the well photographs Ves No Are protective posts present? X Was the well photographed? X If yes, are post painted yellow? Surface Pad Ves No Survey Ves No Is a concrete pad present? X Is a survey marker present? X If yes, describe required maintenance below. Swellhead integrity compromised? X If yes, describe required maintenance below. Swellhead integrity compromised? Checklist prepared by (print) Checklist reviewed by (print)			Projection: UTM	Projection:
Locking well head present? Accessible without unlocking? Locks Ves No Belectrical Is an electrical plug present? X Ves No Was well locked on arrival? Was well locked on departure? Ves No Protective Posts Acreptolective posts present? X Protective Posts Are protective posts present? X If yes, are post painted yellow? Surface Pad Accessible without unlocking? Yes No Is a survey Surface Pad Is a survey marker present? X If yes, describe required maintenance below. Survel if yes, describe required maintenance below. Survel if yes, describe required immediate maintenance below. Surmediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)	Locking well cap	Yes No	Datum: WGS 84	Datum:
Accessible without unlocking? X		X	GPS grade:	
Was well locked on arrival? Was well locked on departure? N Protective Posts Yes No Photographs Yes No Are protective posts present? X Was the well photographed? X If yes, are post painted yellow? Surface Pad Is a concrete pad present? X No Survey Is a survey marker present? Ves No Survey Is a survey marker present? Yes No Overall Condition Yes No If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Checklist prepared by (print) Checklist reviewed by (print)	Accessible without unlocking?	X		
Was well locked on arrival? Was well locked on departure? N Protective Posts Yes No Photographs Yes No Are protective posts present? X Was the well photographed? X If yes, are post painted yellow? Surface Pad Is a concrete pad present? X No Survey Is a survey marker present? Ves No Survey Is a survey marker present? Yes No Overall Condition Yes No If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Checklist prepared by (print) Checklist reviewed by (print)				
Was well locked on departure? Yes	Locks	Yes No	Electrical	Yes No
Protective Posts Yes No Photographs Yes No Are protective posts present? X Was the well photographed? X List the photograph numbers: NA Surface Pad Yes No Survey Yes No Is a survey marker present? X Survey Maintenance required? X If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)	Was well locked on arrival?	X	Is an electrical plug present?	X
Are protective posts present? If yes, are post painted yellow? Surface Pad Yes No Survey Yes No Is a concrete pad present? X Survey Yes No Is a survey marker present? X Survey Yes No If yes, describe required maintenance below. Is well head integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)	Was well locked on departure?	X		
Are protective posts present? If yes, are post painted yellow? Surface Pad Yes No Survey Yes No Is a concrete pad present? X Survey Yes No Is a survey marker present? X Survey Yes No If yes, describe required maintenance below. Is well head integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)		·		
If yes, are post painted yellow? Surface Pad Yes No Survey Is a survey marker present? Ves No Is a survey marker present? Ves No Maintenance required? Is wellhead integrity compromised? General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)	Protective Posts	Yes No	Photographs	Yes No
Surface Pad Yes No Survey Yes No Is a concrete pad present? X Is a survey marker present? X Overall Condition Yes No Maintenance required? X If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)	Are protective posts present?	X	Was the well photographed?	X
Is a concrete pad present? X	If yes, are post painted yellow?	X	List the photograph numbers: NA	
Is a concrete pad present? X		·		
Overall Condition Maintenance required? Is wellhead integrity compromised? Ceneral Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)	Surface Pad	Yes No	Survey	Yes No
Maintenance required? Is wellhead integrity compromised? Ceneral Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)	Is a concrete pad present?	X	Is a survey marker present?	X
Maintenance required? Is wellhead integrity compromised? Ceneral Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)				
Is wellhead integrity compromised? General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) X If yes, describe required immediate maintenance below.		Yes No		
General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition. Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)				
Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)	Is wellhead integrity compromised?	X	If yes, describe required immediate ma	intenance below.
Immediate Maintenance Requirement (if necessary): None Checklist prepared by (print) Checklist reviewed by (print)				
Checklist prepared by (print) Checklist reviewed by (print)	General Maintenance Comments: Brass cap not stamp	ed. Minor cracks in pad, but i	t is in good condition.	
Checklist prepared by (print) Checklist reviewed by (print)				
Checklist prepared by (print) Checklist reviewed by (print)				
Checklist prepared by (print) Checklist reviewed by (print)				
Checklist prepared by (print) Checklist reviewed by (print)				
	Immediate Maintenance Requirement (if necessary): N	Vone		
			_	
Signature: Date: Signature: Date:	Checklist prepared by (print)		Checklist reviewed by (print)	
	Signature:	Date:	Signature:	Date:

	We	ell Surveillan	ce Field Form			
Well ID: 1428	Well Na	me: ICPP-SCI-P-2	216			
Date of Inspection: 10/20/05			Purpose of Surveilla	nce		
Facility/Location: INTEC			Institutional cont X Routine surveilla			
Directions to the well: Northwest corner of I	Directions to the well: Northwest corner of INTEC					
			Other (specify be	low)		
Identification	Yes	No		Co	ordinates	
Is well labeled?	X	110	GPS Coordinates (opt		Data Base Coordinates	tes (ontional)
Well ID present?	X		Easting:	ionary	Easting:	ies (optional)
Well Name present?	X		Northing:		Northing:	
The state of the s		1	Projection: UTM		Projection:	
Locking well cap	Yes	No	Datum: WGS 84		Datum:	
Locking well head present?	X		GPS grade:		l	
Accessible without unlocking?		X				
C		1				
Locks	Yes	No	Electrical		Yes	No
Was well locked on arrival?	X		Is an electrical plug pr	resent?		X
Was well locked on departure?	X				·	
Protective Posts	Yes	No	Photographs		Yes	No
Are protective posts present?	X		Was the well photogra		X	
If yes, are post painted yellow?	X		List the photograph nu	umbers: 0078		
Surface Pad	Yes	No	Survey		Yes	No
Is a concrete pad present?	X	110	Is a survey marker pre	esent?	X	110
is a concrete pad present.	11	1	15 a sarvey marker pre			
Overall Condition	Yes	No				
Maintenance required?	X		If yes, describe requi	red maintenan	ce below.	
Is wellhead integrity compromised?		X	If yes, describe requi			
General Maintenance Comments: Brass ca	ip not stamped.					
Immediate Maintenance Descriptions 4 (25	aaagamu). Nama					
Immediate Maintenance Requirement (if n	ecessary): None					
Checklist prepared by (print)			Checklist reviewed by (pr	rint)		
Signature:	Date:		Signature:		Date:	

	We	ll Surveillar	nce Fie	eld Form		
Well ID: 1429	Well Nar	ne: ICPP-SCI-P-2	217			
Date of Inspection: 10/20/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: Northwest corner of I	NTEC		X	Routine surveillance		
				Other (specify below)		
T 1 (°C° (°	X 7	N T			7 1 4	
Identification	Yes X	No	CD		Coordinates Data Base Coordinate	var (antianal)
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X			sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
Tacking wall are	Van	N.		ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X	v	GP	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No	F14	ectrical	Yes	No
Was well locked on arrival?	X	110		an electrical plug present?	105	X
Was well locked on departure?	X		150	an electrical plag present.		71
was wen locked on departure.	A					
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X		Wa	as the well photographed?	X	
If yes, are post painted yellow?	X		Lis	t the photograph numbers: 0075	·	
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is a	a survey marker present?	X	
Overall Condition	Vas	NI				
Maintenance required?	Yes	No	If.	yes, describe required mainten	anaa halaw	
Is wellhead integrity compromised?	Λ	X		yes, describe required inamedia		
is weinlead integrity compromised:		Λ	111 ;	yes, describe required infinedia	ite maintenance below.	
General Maintenance Comments: Brass ca	n not stamped. Minor cra	cking noted in na	d but in	good condition		
General Mantenance Commences. Blass ca	ip not stamped. Willion era	eking noted in pu	a, out m	good condition.		
Immediate Maintenance Requirement (if no	ecessary): None					
similar requirement (ii iii						
Checklist prepared by (print)			Checkl	ist reviewed by (print)		

	We	ell Surveillan	ce Field For	·m		
Well ID: 1430	Well Na	me: ICPP-SCI-P-2	18			
Date of Inspection: 10/20/05			Purpose of S	Surveillance		
Facility/Location: INTEC				onal control surveillance		
Directions to the well: Northwest corner of I	Directions to the well: Northwest corner of INTEC					
			Other (s	specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X	110	GPS Coordin	nates (optional)	Data Base Coordinate	tes (ontional)
Well ID present?	X		Easting:	nates (optionar)	Easting:	es (optionar)
Well Name present?	X		Northing:		Northing:	
The state of the s		1	Projection: U	JTM	Projection:	
Locking well cap	Yes	No	Datum: WGS		Datum:	
Locking well head present?	X		GPS grade:		*	
Accessible without unlocking?		X				
C	<u>'</u>	1	<u> </u>			
Locks	Yes	No	Electrical		Yes	No
Was well locked on arrival?	X		Is an electric	cal plug present?		X
Was well locked on departure?	X				·	
Protective Posts	Yes	No	Photograph		Yes	No
Are protective posts present?	X			l photographed?	X	
If yes, are post painted yellow?	X		List the phot	tograph numbers: 0077		
Surface Pad	Yes	No	Survey		Yes	No
Is a concrete pad present?	X	110		narker present?	X	110
is a concrete pad present.	11	1	is a sarvey in	narker present.	71	
Overall Condition	Yes	No				
Maintenance required?	X		If yes, descr	ibe required mainten	ance below.	
Is wellhead integrity compromised?		X			te maintenance below.	
General Maintenance Comments: Brass ca	ip not stamped.					
Immediate Maintenance Description and Cf -	aaagamu). Nama					
Immediate Maintenance Requirement (if n	ecessary): None					
Checklist prepared by (print)			Checklist review	ved by (print)		
Signature:	Date:		Signature:		Date:	

	We	ell Surveillar	ice Fie	eld Form		
Well ID: 1431	Well Nar	me: ICPP-SCI-P-2	219			
Date of Inspection: 10/20/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: Northeast corner of INT	ГЕС		X	Routine surveillance		
				Other (specify below)		
T 1 (100 (1)	X 7	N T			~	
Identification	Yes X	No	CD		Coordinates	(1)
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X			sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
T - 12 11	X 7	NT.		pjection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X	v	GP	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No	Fla	ectrical	Yes	No
Was well locked on arrival?	X	110		an electrical plug present?	Tes	X
Was well locked on departure?	X		15 0	an electrical plug present.	l l	71
was wen locked on departure:	11					
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X		Was the well photographed?			X
If yes, are post painted yellow?	X		Lis	t the photograph numbers: NA	·	
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is a	a survey marker present?	X	
0 110 122	X 7	N.T.				
Overall Condition	Yes X	No	TC			
Maintenance required?	X	X		ves, describe required mainten		
Is wellhead integrity compromised?		Λ	11 }	ves, describe required immedia	ite maintenance below.	
General Maintenance Comments: Brass cap	not stamped Minor cra	cke in pad but in	good cor	ndition		
General Maintenance Comments. Brass cap	not stamped. Willor era	icks iii pau, but iii	good coi	idition.		
Immediate Maintenance Requirement (if nec	ressary). None					
Immediate Mamtenance Requirement (ii nec	cessary). I tone					
Checklist prepared by (print)			Checkli	st reviewed by (print)		

	We	ll Surveillar	nce Field Form		
Well ID: 1432	Well Nan	ne: ICPP-SCI-P-2	220		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Northeast corner of IN	NTEC		X Routine surveillance		
			Other (specify below)		
XI um u	*7	N T		N 10 /	
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
T 1.	***	N T	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	37	GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X		1 51	'	I
*			1		
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers: NA	·	
		•		***	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X	1,0	If yes, describe required maintena	ance below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia		
			1 2 /		
General Maintenance Comments: Brass ca	p not stamped. Minor crac	cks in pad.			
Immediate Maintenance Requirement (if no	ecessary): None				
Checklist prepared by (print)		I	Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
orginature.	Date.		Dignature.	Date:	

	We	ell Surveillar	ice Field Form			
Well ID: 1433	Well Nai	me: ICPP-SCI-P-2	221			
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: Northeast corner of I	NTEC		X Routine surveillance			
			Other (specify below)			
T.14162 41	1 7	NT -		N 12 4		
Identification Is well labeled?	Yes X	No	GPS Coordinates (optional)	Coordinates Data Basa Coordinate	tag (antional)	
Well ID present?	X		` i /	Data Base Coordinat	les (optional)	
	X		Easting: Northing:	Easting: Northing:		
Well Name present?	Λ		Projection: UTM			
I calcing wall can	Vac	N.		Projection:		
Locking well hard present?	Yes	No	Datum: WGS 84	Datum:		
Locking well head present?	X	v	GPS grade:			
Accessible without unlocking?		X				
Locks	Yes	No	Electrical	Yes	No	
Was well locked on arrival?	X		Is an electrical plug present?		X	
Was well locked on departure?	X			<u>'</u>	1	
•						
Protective Posts	Yes	No	Photographs	Yes	No	
Are protective posts present?	X		Was the well photographed?		X	
If yes, are post painted yellow?	X		List the photograph numbers: NA			
Surface Pad	Yes	No	Survey	Yes	No	
Is a concrete pad present?	X	INU	Is a survey marker present?	X	110	
is a concrete pad present:	Λ		is a survey marker present:	Λ		
Overall Condition	Yes	No				
Maintenance required?	X		If yes, describe required maintena	ance below.		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.		
Consul Maintenance Commenter Dusce						
General Maintenance Comments: Brass c	ap not stamped.					
Immediate Maintenance Requirement (if n	ecessary). None					
Immediate Frantenance Requirement (II II						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:	Date:		Signature:	Date:		

	We	ell Surveillan	nce Fie	eld Form		
Well ID: 1434	Well Na	me: ICPP-SCI-P-2	222 (PP-	A)		
Date of Inspection: 10/18/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: South of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No		(Coordinates	
Is well labeled?	X	110	GF	S Coordinates (optional)	Data Base Coordinates	tes (ontional)
Well ID present?	X			sting:	Easting:	es (optional)
Well Name present?	X			rthing:	Northing:	
wen rame present:	Α			ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X	110		'S grade:	Datam.	
Accessible without unlocking?	Λ	X	- OI	b grade.		
Accessione without unlocking:		Α				
Locks	Yes	No	Ele	ectrical	Yes	No
Was well locked on arrival?	X			an electrical plug present?		X
Was well locked on departure?	X			1 51	-	I
•		1				
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X		Wa	as the well photographed?	X	
If yes, are post painted yellow?	X		Lis	List the photograph numbers: 0068		
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is a	a survey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If	yes, describe required immedia	te maintenance below.	
G IM: 4 G 4 B	1 , 1 , 1					
General Maintenance Comments: Brass ca	ap needs to be stamped.					
Immediate Maintenance Requirement (if n	acassary). None					
immediate Maintenance Requirement (II II	ecessai y j. mone					
Checklist prepared by (print)			Checkl	ist reviewed by (print)		
Signature:	Date:		Signatu	ıre:	Date:	

	We	ell Surveillar	nce Fie	eld Form		
Well ID: 1435	Well Nai	me: ICPP-SCI-P-2	223 (PP-S	SP)		
Date of Inspection: 10/18/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: South of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X	NO	GD	S Coordinates (optional)	Data Base Coordinates	rag (antional)
Well ID present?	X			sting:	Easting:	es (optional)
Well Name present?	X			rthing:	Northing:	
wen ivame present?	Λ			jection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X	110		S grade:	Datum.	
Accessible without unlocking?	Λ	X	UP	s grade.		
Accession without uniocking?		Λ				
Locks	Yes	No	Ele	ectrical	Yes	No
Was well locked on arrival?	X	110		an electrical plug present?	100	X
Was well locked on departure?	X			161		I
Protective Posts	Yes	No		otographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X	
If yes, are post painted yellow?	X		Lis	List the photograph numbers: 0070, 0072		
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is a	survey marker present?	X	
Occupation and Property	¥7	NT.				
Overall Condition Maintenance required?	Yes	No	TC-	d	an as halam	
	Λ	X		es, describe required mainten		
Is wellhead integrity compromised?		Λ	11 ;	ves, describe required immedia	te maintenance below.	
General Maintenance Comments: Hole in	protective casing should	he covered Brace	can need	s to be stamped		
General Maintenance Comments. Trote in p	protective easing should	be covered. Blass	сар пссс	s to be stamped.		
Immediate Maintenance Requirement (if ne	ecessary). None					
in it	2005a1 j j 1 10110					
Checklist prepared by (print)			Checkl	st reviewed by (print)		
Signature:	Date:		Signatu	* · · · · · · · · · · · · · · · · · · ·	Date:	
	1 2 2 2 2				Dutter	

	We	ell Surveillar	nce Fi	eld Form		
Well ID: 1436	Well Na	me: ICPP-SCI-P-2	224			
Date of Inspection: 10/18/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: South of INTEC			X	Routine surveillance		
				Other (specify below)		
X 2 (400)		1			× **	
Identification	Yes	No	CI		Coordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordina	tes (optional)
Well ID present?	X			sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
	***			ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X	***	GF	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No	FL	ectrical	Yes	No
Was well locked on arrival?	X	110		an electrical plug present?	103	X
Was well locked on departure?	X		15	an electrical plug present.		71
was wen rocked on departure.	71	1				
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X			as the well photographed?	X	
If yes, are post painted yellow?	X		Lis	t the photograph numbers: 0069	,	
		1				I
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is	a survey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X	110	If	ves, describe required maintena	nca halow	
Is wellhead integrity compromised?	A	X		yes, describe required immedia		
is weimed integrity compromised.			111,	, es, uescribe required immedia	te manitenance below.	
General Maintenance Comments: Brass ca	p needs to be stamped.					
	1					
Immediate Maintenance Requirement (if n	ecessary): None					
		Т	GL			
Checklist prepared by (print)	D (ist reviewed by (print)	D :	
Signature:	Date:		Signatu	ire:	Date:	

	We	ell Surveillar	nce Field Form		
Well ID: 1437	Well Nai	me: ICPP-SCI-P-2	225		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Center of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers:	: NA	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required ma		
Is wellhead integrity compromised?		X	If yes, describe required im	mediate maintenance below.	
General Maintenance Comments: Brass ca	ip not stamped. Needs a	new pad.			
Immediate Maintenance Requirement (if n	ecessary): None				
Checklist prepared by (print)	Т		Checklist reviewed by (print)	I	
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	nce Field Form		
Well ID: 1438	Well Naı	me: ICPP-SCI-P-2	226		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No	CPG C 1' (() 1)	Coordinates	((1)
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
	* 7		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	***	GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X	110	Is an electrical plug present?	100	X
Was well locked on departure?	X		is an electron plug present		
was well to thou on department					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers:	NA	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present.	, A		is a survey marker present:	Α	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required ma	intenance below.	
Is wellhead integrity compromised?		X	If yes, describe required im	mediate maintenance below.	
C					
General Maintenance Comments: Brass cap	o not stamped. Needs a i	new pad.			
Immediate Maintenance Requirement (if ne	cessary): None				
ammediate framienance requirement (ii iic					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ll Surveillar	nce Fie	eld Form		
Well ID: 1439	Well Nai	ne: ICPP-SCI-P-2	227			
Date of Inspection: 10/20/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: North end of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No	- CT		Coordinates	
Is well labeled?	X			'S Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?	X			sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
	***			ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X	37	GP	S grade:		
Accessible without unlocking?		X				
Lode	17	NT -	121	adui aal	¥7	NT -
Locks Was well locked on arrival?	Yes	No		ectrical	Yes X	No
	X		IS a	an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X			as the well photographed?	X	
If yes, are post painted yellow?	X			st the photograph numbers: 0080		
·						
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X		Is	a survey marker present?	X	
0 110 122	X 7	N T				
Overall Condition	Yes	No	TC	1 11 1 1 1		
Maintenance required?	X	v		yes, describe required maintena		
Is wellhead integrity compromised?		X	11]	yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Brass cap	not stamped Minor are	aks noted in nad	but it is i	n good condition		
General Maintenance Comments. Brass cap	not stamped. Willor era	eks noted in pad,	out it is i	ii good condition.		
Immediate Maintenance Requirement (if nec	essary). None					
immediate Maintenance Requirement (ii nec						
	essai y). Itolic					
	cessary). Ivone					
	essai y). Pone					
	ecssary). Ivone					
Checklist prepared by (print)	essai y). Ivone		Checkl	ist reviewed by (print)		

	We	ll Surveillar	nce Fie	eld Form		
Well ID: 1440	Well Nai	ne: ICPP-SCI-P-2	228			
Date of Inspection: 10/20/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: North end of INTEC			X	Routine surveillance		
				Other (specify below)		
		Γ				
Identification	Yes	No			Coordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X			sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
				jection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X		GP	S grade:		
Accessible without unlocking?		X				
<u> </u>		Γ				
Locks	Yes	No		ectrical	Yes	No
Was well locked on arrival?	X		Is a	in electrical plug present?	X	
Was well locked on departure?	X					
				_		
Protective Posts	Yes	No		otographs	Yes	No
Are protective posts present?	X			s the well photographed?	X	
If yes, are post painted yellow?	X		Lis	t the photograph numbers: 0082		
C C D I	*7	N T			T 7	3.7
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		ls a	survey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X	110	If,	ves, describe required maintena	nna halaw	
Is wellhead integrity compromised?	Λ	X		ves, describe required imanitent ves, describe required immedia		
is weinlead integrity compromised:		Λ	111)	es, describe required infinedia	te maintenance below.	
General Maintenance Comments: Brass ca	un not stamped. Miner are	also noted in nod	but it is i	n good condition		
General Maintenance Comments. Brass Ca	ip not stamped. Willor Cra	cks noted in pad,	out it is i	ii good condition.		
Immediate Maintenance Requirement (if no	naassaru). Nana					
immediate maintenance Requirement (ii iii	ccosai y j. indiic					
Checklist prepared by (print)			Checkli	st reviewed by (print)		
Signature:	Date:		Signatu		Date:	
orginature.	Date		Signatu	10.	Date.	

	We	ll Surveillar	ice Fie	eld Form		
Well ID: 1441	Well Nar	ne: ICPP-SCI-P-2	229			
Date of Inspection: 10/20/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: North end of INTEC			X	Routine surveillance		
				Other (specify below)		
					~ .	
Identification	Yes	No			Coordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X			sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
	***			ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X	37	GP	S grade:		
Accessible without unlocking?		X				
Table	1 7	NT.	TEL.	-4-21	T 7	NI -
Locks Was well locked on arrival?	Yes	No		ectrical	Yes	No X
	X		18 8	nn electrical plug present?		X
Was well locked on departure?	I A					
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X			as the well photographed?	X	
If yes, are post painted yellow?	X			t the photograph numbers: 0079		
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X		Is a	survey marker present?	X	
0 110 111	X 7	N T				
Overall Condition	Yes X	No	TC			
Maintenance required?	A	V		ves, describe required mainten		
Is wellhead integrity compromised?		X	11 }	ves, describe required immedia	te maintenance below.	
General Maintenance Comments: Brass cap	not stamped Minor cra	cks noted in nad	but it is i	n good condition		
General Maintenance Comments. Brass cap	not stamped. Willor Cra	cks noted in pau,	out it is i	ii good condition.		
Immediate Maintenance Requirement (if nec	essary). None					
minemant Mannemante Requirement (II little	CDD41 J J. 1 10110					
Checklist prepared by (print)			Checkli	st reviewed by (print)		

	We	ell Surveillan	ice Fie	eld Form		
Well ID: 1445	Well Nar	me: ICPP-SCI-P-2	245			
Date of Inspection: 10/20/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: Center of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X			sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
		I		jection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X		GP	S grade:		
Accessible without unlocking?		X				
		1				
Locks	Yes	No		etrical	Yes	No
Was well locked on arrival?	X		Is a	n electrical plug present?		X
Was well locked on departure?	X					
		T				
Protective Posts	Yes	No		otographs	Yes	No
Are protective posts present?	X			s the well photographed?		X
If yes, are post painted yellow?	X		Lis	t the photograph numbers: NA		
		T				
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		ls a	survey marker present?	X	
		T				
Overall Condition	Yes	No				
Maintenance required?	X			es, describe required maintena		
Is wellhead integrity compromised?		X	If y	es, describe required immedia	te maintenance below.	
General Maintenance Comments: Brass ca	p not stamped. Needs a r	new pad.				
T 11 / 3/K 1 / 30	\ \ \					
Immediate Maintenance Requirement (if no	ecessary): None					
			Cl 1.	4 . 11		
Checklist prepared by (print)				st reviewed by (print)		
Signature:	Date:		Signatu	re:	Date:	

	We	ell Surveillar	nce Field	Form		
Well ID: 1443	Well Nai	me: ICPP-SCI-P-2	247			
Date of Inspection: 10/20/05			Purpos	se of Surveillance		
Facility/Location: INTEC				stitutional control		
Directions to the well: Center of INTEC				outine surveillance		
			Ot	ther (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X	110	GPS C	oordinates (optional)	Data Base Coordinate	es (ontional)
Well ID present?	X		Easting	· • /	Easting:	es (epiteriar)
Well Name present?	X		Northi		Northing:	
, , , , , , , , , , , , , , , , , , ,				tion: UTM	Projection:	
Locking well cap	Yes	No		: WGS 84	Datum:	
Locking well head present?	X		GPS gr			
Accessible without unlocking?		X				
	-		1			
Locks	Yes	No	Electri	ical	Yes	No
Was well locked on arrival?	X		Is an el	lectrical plug present?		X
Was well locked on departure?	X				·	
	·		·			
Protective Posts	Yes	No	Photog		Yes	No
Are protective posts present?	X			e well photographed?		X
If yes, are post painted yellow?	X		List the	e photograph numbers: NA		
Surface Pad	Yes	No	Survey	7	Yes	No
Is a concrete pad present?	X	110		vey marker present?	X	110
is a concrete pad present:	Α		15 & 541	vey marker present:	Α	
Overall Condition	Yes	No				
Maintenance required?	X		If yes,	describe required mainten	ance below.	
Is wellhead integrity compromised?		X		describe required immedia		
General Maintenance Comments: Brass c	ap not stamped. Needs a	new pad.				
Immediate Maintenance Descriptions of CF	o o o o o o o o o o o o o o o o o o o					
Immediate Maintenance Requirement (if n	iecessary): None					
Checklist prepared by (print)	· · · · · · · · · · · · · · · · · · ·			eviewed by (print)		
Signature:	Date:		Signature:		Date:	

	We	ll Surveillaı	nce Field Form		
Well ID: 1444	Well Nan	ne: ICPP-SCI-P-2	248		
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Northwest corner of I	NTEC		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0076		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X	***	If yes, describe required maintena		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
	1.76		11		
General Maintenance Comments: Brass co	ap not stamped. Minor crac	cking noted in pa	d, but in good condition.		
Immediate Maintenana Deministra					
Immediate Maintenance Requirement (if n	ecessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Digitatui C.	Date.		Dignature.	Date.	

	We	ell Surveillan	nce Field Form		
Well ID: 1446	Well Na	me: ICPP-SCI-P-2	250		
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinates	s (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
- 			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X			·	
•					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers	: 0071	
	<u>'</u>				
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
			·	·	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required ma	aintenance below.	
Is wellhead integrity compromised?		X	If yes, describe required im	mediate maintenance below.	
General Maintenance Comments: Brass cap	needs to be stamped.				
Immediate Maintenance Requirement (if ne	cessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		

	We	ell Surveillan	ce Field Form		
Well ID: 1447	Well Na	me: ICPP-SCI-P-2	251		
Date of Inspection: 10/20/05	<u>, </u>		Purpose of Surveillance	?	
Facility/Location: INTEC			Institutional control		
Directions to the well: Northeast corner of IN	TEC		X Routine surveillance	2	
			Other (specify below	v)	
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (option		ates (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug prese	ent?	X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photograph		
If yes, are post painted yellow?	X		List the photograph num	bers: 0085	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker presen		
•				-	•
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required	d maintenance below.	
Is wellhead integrity compromised?		X	If yes, describe required	d immediate maintenance below.	
General Maintenance Comments: Brass cap	o not stamped.				
Immediate Maintenance Descriptions of Cf.	aaggawy). Nama				
Immediate Maintenance Requirement (if ne	cessary): None				
Checklist prepared by (print)			Checklist reviewed by (print	A	
Signature:	Date:		Signature:	Date	•
Digitatui C.	Date.		Digitatui C.	Date	•

	We	ell Surveillan	ice Field Form		
Well ID: 1448	Well Nai	me: ICPP-SCI-P-2	252		
Date of Inspection: 10/20/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: North end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordinate	tes (ontional)
Well ID present?	X		Easting:	Easting:	ies (optionar)
Well Name present?	X		Northing:	Northing:	
wen rame present:	A		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	Dataiii.	
Accessible without unlocking?	Α	X	or b grade.		
Accessible without unlocking:		71			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				1
•					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0081	·	
Court as Dad	V	NT -	G	T 7	NT.
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena	ince below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia		
General Maintenance Comments: Brass c	an not stamped				
General Maintenance Comments. Blass C	ap not stamped.				
Immediate Maintenance Requirement (if r	necessary): None				
	V/ 17 7				
			Charles and L. C. C.		
Checklist prepared by (print)	D-4-		Checklist reviewed by (print)	D 4	
Signature:	Date:		Signature:	Date:	

	We	ell Surveillan	nce Field Form		
Well ID: 1236	Well Na	me: ICPP-SCI-S-1	132		
Date of Inspection: 10/20/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: North end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
		T	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X		is an electronic plug present.		
THE WOLLD ON GOOD TOTAL					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers:	0084	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present:	A		is a survey marker present:	Α	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required mai	intenance below.	
Is wellhead integrity compromised?		X	If yes, describe required imr	nediate maintenance below.	
C IN:	1				
General Maintenance Comments: Brass ca	p not stamped.				
Immediate Maintenance Requirement (if no	ecessary): None				
	J. 1 (0110				
		Т			
Checklist prepared by (print)			Checklist reviewed by (print)	1 _	
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	nce Field Form		
Well ID: 196	Well Na	me: LF2-08			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: CFA			Institutional control		
Directions to the well: South of Landfill 2			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X		Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
•	·		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X	Ţ.		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X	110	Is an electrical plug present?	X	110
Was well locked on departure?	X		is an electrical play present.	11	
was well looked on departure.		1			
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed? X		
If yes, are post painted yellow?	X		List the photograph numbers: 0034	1	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X	110	If yes, describe required mainter	nanca halow	
Is wellhead integrity compromised?	Λ	X	If yes, describe required immedi		
To women mogney compromised.			11 300, 40001100 109411041		
General Maintenance Comments: No coord	inates on the brass cap.				
Immediate Maintenance Requirement (if no	ecessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		

	Wel	ll Surveillar	ice Field Form		
Well ID: 197	Well Nam	ne: LF2-09			
Date of Inspection: 10/17/05	,		Purpose of Surveillance		
Facility/Location: CFA			Institutional control		
Directions to the well: South of Landfill 2			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No	(Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?	X		Easting:	Easting:	· -
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		<u> </u>
Accessible without unlocking?		X			
-					
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X			·	
-					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		
If yes, are post painted yellow?	X		List the photograph numbers: 0036	·	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena	ance below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: No coor	rdinates on the brass cap. P	Pad has minor cra	cking.		
Immediate Maintenance Requirement (if n	ecessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

Well Name: LF2-10		We.	ll Surveillai	nce Fie	eld Form		
Institutional control	198	Well Nam	ne: LF2-10				
Directions to the well: South of Landfill 2				Pu			
Identification Yes No GPS Coordinates (optional) Data Base Coordinates (see I labeled? X GPS Coordinates (optional) Data Base Coordinates (well II D present? X Easting: Easting: Well Name present? X Northing: Northing: Northing: Northing: Projection: UTM Projection: UTM Projection: UTM Projection: UTM Projection: UTM GPS grade: Locking well cap Yes No Datum: WGS 84 Datum: Locking well head present? X GPS grade: Locking well head present? X GPS grade: Locks Yes No Electrical Yes Was well locked on arrival? X Is an electrical plug present? X Was well locked on departure? X Is an electrical plug present? X Is an electrical plug present? X If yes, are post painted yellow? X Uast the well photographs Yes Are protective posts present? X Was the well photograph numbers: 0035 Surface Pad Yes No Survey Yes No Survey Yes Is a concrete pad present? X If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below.	Location: CFA						
Identification	s to the well: South of Landfill 2			X			
Is well labeled? X Base Coordinates (Optional) Data Base Coordinates (Well ID present? X Basting: Easting: Easting: Northing: Northing: Northing: Northing: Northing: Northing: Projection: UTM UT					Other (specify below)		
Is well labeled? X Base Coordinates (Optional) Data Base Coordinates (Well ID present? X Basting: Easting: Northing:	ation	Ves	No			oordinates	
Well ID present? Well Name present? Well Name present? X Northing: Projection: UTM Projection: Locking well cap Ves No Datum: WGS 84 Datum: Locking well head present? X GPS grade: Accessible without unlocking? X Locks Yes No Electrical Yes Was well locked on arrival? Was well locked on departure? Protective Posts Are protective posts present? X Was the well photographs X If yes, are post painted yellow? X Surface Pad Yes No Survey Is a concrete pad present? X If yes, describe required maintenance below. Seneral Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.			110	GP			es (ontional)
Well Name present? X Northing: Projection: UTM Projection: Locking well cap Yes No Datum: WGS 84 Datum: Locking well head present? X GPS grade: Accessible without unlocking? X Locks Yes No Electrical Yes Was well locked on arrival? X Is an electrical plug present? X Was well locked on departure? X Was well locked on departure? X Protective Posts Yes No Photographs Yes Are protective posts present? X Was the well photographed? X If yes, are post painted yellow? X List the photograph numbers: 0035 Surface Pad Yes No Survey Yes Is a survey marker present? X Is a survey marker present? X If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.							es (optional)
Projection: UTM Projection: UTM Projection:							
Locking well cap Yes No Datum: WGS 84 Datum: Locking well head present? X GPS grade: Accessible without unlocking? X Locks Yes No Electrical Yes No Was well locked on arrival? X Is an electrical plug present? X Was well locked on departure? X Protective Posts Yes No Photographs Yes Are protective posts present? X Was the well photographed? X If yes, are post painted yellow? X List the photograph numbers: 0035 Surface Pad Yes No Survey Yes Is a concrete pad present? X Is a survey marker present? X Is a survey marker present? X If yes, describe required maintenance below. Overall Condition Yes No If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.	, , , , , , , , , , , , , , , , , , ,					<u> </u>	
Locking well head present? Accessible without unlocking? Locks Yes No Electrical Is an electrical plug present? X Was well locked on arrival? Was well locked on departure? Yes Protective Posts Are protective posts present? X Was the well photographs Yes Are protective posts present? X Uss the photograph numbers: 0035 Surface Pad Yes No Survey Yes Is a concrete pad present? X Uss a survey marker present? X If yes, describe required maintenance below. Is wellhead integrity compromised? A If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.	well cap	Yes	No			3	
Accessible without unlocking? No Electrical Yes						· · · · · · · · · · · · · · · · · · ·	
Locks Yes No Electrical Yes Was well locked on arrival? X Is an electrical plug present? X			X				
Was well locked on arrival? Was well locked on departure? No Photographs Yes Are protective Posts If yes, are post painted yellow? Surface Pad Yes No Survey Is a survey marker present? X Overall Condition Yes Maintenance required? X If yes, describe required maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.							
Protective Posts Yes No Photographs Yes Yes Are protective posts present? X Was the well photographed? X If yes, are post painted yellow? X List the photograph numbers: 0035 Surface Pad Yes No Survey Yes Yes Is a survey marker present? X Is a survey marker present? X Overall Condition Yes No If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.		Yes	No	Ele	ectrical	Yes	No
Protective Posts Yes No Photographs Yes Are protective posts present? X Was the well photographed? X If yes, are post painted yellow? X List the photograph numbers: 0035 Surface Pad Yes No Survey Yes Is a concrete pad present? X Is a survey marker present? X Overall Condition Yes No Maintenance required? X If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.	locked on arrival?	X		Is a	in electrical plug present?	X	
Protective Posts Are protective posts present? X Was the well photographed? X If yes, are post painted yellow? X List the photograph numbers: 0035 Surface Pad Yes No Survey Yes Is a concrete pad present? X Is a survey marker present? X Overall Condition Yes No Maintenance required? X If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.	locked on departure?	X				'	
Are protective posts present? If yes, are post painted yellow? X List the photograph numbers: 0035 Surface Pad Yes No Survey Is a concrete pad present? X Overall Condition Maintenance required? X If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.				'			
If yes, are post painted yellow? Surface Pad Yes No Survey Is a concrete pad present? X Is a survey marker present? X Overall Condition Yes No Maintenance required? X If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.	e Posts	Yes	No	Ph	otographs	Yes	No
Surface Pad Yes No Survey Yes Is a concrete pad present? X Is a survey marker present? X Overall Condition Yes No Maintenance required? X If yes, describe required maintenance below. Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.	ctive posts present?	X				X	
Overall Condition Yes No Maintenance required? Is wellhead integrity compromised? Yes X If yes, describe required maintenance below. If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.	post painted yellow?	X		Lis	t the photograph numbers: 0035	·	
Overall Condition Yes No Maintenance required? Is wellhead integrity compromised? Yes X If yes, describe required maintenance below. If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.							
Overall Condition Maintenance required? Is wellhead integrity compromised? We sections. Post could be repainted when possible. No coordinates on the brass cap.	Pad	Yes	No	Su	rvey	Yes	No
Maintenance required? Is wellhead integrity compromised? X If yes, describe required maintenance below. If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.	ete pad present?	X		Is a	survey marker present?	X	
Maintenance required? Is wellhead integrity compromised? X If yes, describe required maintenance below. If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.	Condition	Ves	No				
Is wellhead integrity compromised? X If yes, describe required immediate maintenance below. General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.			110	Ifv	ves, describe required maintena	nce below.	
General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.		71	X				
Immediate Maintenance Requirement (if necessary): None	Maintenance Comments: Pad is cracked	1 into 4 sections. Pos	t could be repain	ted when	possible. No coordinates on the b	orass cap.	
Immediate Maintenance Requirement (if necessary): None							
	te Maintenance Requirement (if necess	ary): None					
Checklist prepared by (print) Checklist reviewed by (print)	prepared by (print)			Checkli	st reviewed by (print)		
Signature: Date: Signature: Date:	e:	Date:		Signatu	re:	Date:	

	We	ell Surveillan	ice Field Form			
Well ID: 199	Well Na	me: LF2-11				
Date of Inspection: 10/18/05	·		Purpose of Surveillance			
Facility/Location: CFA			Institutional control			
Directions to the well: North of Landfill 2			X Routine surveillance			
			Other (specify below)			
Identification	Yes	No		Coordinates		
Is well labeled?	X	INO	GPS Coordinates (optional)	Data Base Coordinates	tag (antional)	
Well ID present?	X		Easting:	Easting:	les (optional)	
Well Name present?	X		Northing:	Northing:		
wen name present?	Λ		Projection: UTM			
Lasking well can	Vac	No	Datum: WGS 84	Projection:		
Locking well cap Locking well head present?	Yes X	No		Datum:		
Accessible without unlocking?	Λ	X	GPS grade:			
Accessible without unlocking?		Λ				
Locks	Yes	No	Electrical	Yes	No	
Was well locked on arrival?	X		Is an electrical plug present?	X		
Was well locked on departure?	X					
•			·			
Protective Posts	Yes	No	Photographs	Yes	No	
Are protective posts present?	X		Was the well photographed?			
If yes, are post painted yellow?	X		List the photograph numbers: 0058			
C C D I	X 7	N.T.		*7	NT.	
Surface Pad	Yes	No	Survey	Yes	No	
Is a concrete pad present?	X		Is a survey marker present?	X		
Overall Condition	Yes	No				
Maintenance required?		X	If yes, describe required mainte	nance below.		
Is wellhead integrity compromised?		X	If yes, describe required immed	iate maintenance below.		
General Maintenance Comments: None						
Immediate Maintenance Requirement (if n	ecessary): None					
Checklist prepared by (print)	·		Checklist reviewed by (print)			
Signature:	Date:		Signature:	Date:		

	We	ell Surveillan	nce Fie	eld Form		
Well ID: 724	Well Nar	me: LF2-12				
Date of Inspection: 10/17/05	•		Pu	rpose of Surveillance		
Facility/Location: CFA				Institutional control		
Directions to the well: Southwest corner of La	andfill 2		X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No		(Coordinates	
Is well labeled?	X		GP	S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	X		Eas	sting:	Easting:	
Well Name present?	X		No	rthing:	Northing:	
•			Pro	jection: UTM	Projection:	
Locking well cap	Yes	No	Da	tum: WGS 84	Datum:	
Locking well head present?	X		GP	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No	Ele	ectrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?			X
Was well locked on departure?	X				·	
•						
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X		Was the well photographed?			
If yes, are post painted yellow?	X		Lis	t the photograph numbers: 0037,	0038	
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X		Is a	survey marker present?	X	
					·	
Overall Condition	Yes	No				
Maintenance required?	X		If y	ves, describe required maintena	ance below.	
Is wellhead integrity compromised?		X	If	ves, describe required immedia	te maintenance below.	
				•		
General Maintenance Comments: No coord	dinates on the brass cap.	Only 2 protective	posts			
Immediate Maintenance Requirement (if ne	ecessary): None					
Immediate Maintenance Requirement (if ne	ecessary): None					
Immediate Maintenance Requirement (if ne	ecessary): None					
Immediate Maintenance Requirement (if ne	ecessary): None					
Immediate Maintenance Requirement (if ne	ecessary): None					
Immediate Maintenance Requirement (if ne Checklist prepared by (print)	ecessary): None		Checkl	st reviewed by (print)		

	We	ell Surveillan	ice Field Form		
Well ID: 207	Well Na	me: LF3-08			
Date of Inspection: 10/17/05	·		Purpose of Surveillance		
Facility/Location: CFA			Institutional control		
Directions to the well: South of Landfill 3			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordinat	es (ontional)
Well ID present?	X		Easting:	Easting:	es (optional)
Well Name present?	X		Northing:	Northing:	
wen Name present?	Λ		Projection: UTM		
I calving wall can	Vac	No	Datum: WGS 84	Projection:	
Locking well cap Locking well head present?	Yes X	No		Datum:	
Accessible without unlocking?	Λ	X	GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
•					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		
If yes, are post painted yellow?	X		List the photograph numbers: 0041	<u>'</u>	
C C D I	X 7	N.T.		X 7	N.T.
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immedia		
General Maintenance Comments: No coo	rdinatas an brass aan				
General Maintenance Comments: No coo	rumates on orass cap.				
Immediate Maintenance Requirement (if n	necessary): None				
	V/				
Charlest and the Control of the Cont		Т	Charles and the control of the charles and the charles are the charles and the charles are the		
Checklist prepared by (print)	D-4-		Checklist reviewed by (print)	Date:	
Signature:					

	Well	Surveillan	ice Fie	eld Form		
Well ID: 726	Well Name:	: LF3-09				
Date of Inspection: 10/18/05	,		Pu	rpose of Surveillance		
Facility/Location: CFA				Institutional control		
Directions to the well: South of Landfill 3			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No		C	oordinates	
Is well labeled?	X (Brass cap only)		GF	S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	Ea	sting:	Easting:	
Well Name present?	X		No	rthing:	Northing:	
			Pro	ojection: UTM	Projection:	
Locking well cap	Yes	No	Da	tum: WGS 84	Datum:	
Locking well head present?	X		GF	S grade:		
Accessible without unlocking?		X		-		
Locks	Yes	No	Ele	ectrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present? X			
Was well locked on departure?	X					
•						
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X		Wa	as the well photographed?	X	
If yes, are post painted yellow?		X	Lis	t the photograph numbers: 0057		
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X		Is a	a survey marker present?	X	
				•		
Overall Condition	Yes	No				
Maintenance required?	X		If	yes, describe required maintena	nce below.	
Is wellhead integrity compromised?		X	If	yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Protect	ctive posts need paint. Needs a	casing label.				
T 11 / M. 1 / B 1 / //						
Immediate Maintenance Requirement (if	necessary): None					
Immediate Maintenance Requirement (if	necessary): None					
Immediate Maintenance Requirement (if	necessary): None					
Immediate Maintenance Requirement (if	necessary): None					
Immediate Maintenance Requirement (if	necessary): None					
Immediate Maintenance Requirement (if Checklist prepared by (print)	necessary): None		Checkl	ist reviewed by (print)		

	Well	Surveillan	nce Fie	eld Form		
Well ID:727	Well Name:	: LF3-10				
Date of Inspection: 10/17/05	-		Pu	rpose of Surveillance		
Facility/Location: CFA				Institutional control		
Directions to the well: West of Landfill 3			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No		C	Coordinates	
Is well labeled?	X (brass cap only)		GF	S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	Ea	sting:	Easting:	•
Well Name present?	X		No	orthing:	Northing:	
•			Pro	ojection: UTM	Projection:	
Locking well cap	Yes	No	Da	tum: WGS 84	Datum:	
Locking well head present?	X		GF	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No	Ele	ectrical	Yes	No
Was well locked on arrival?	X		Is a	an electrical plug present?	X	
Was well locked on departure?	X					
•						
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X	
If yes, are post painted yellow?	X	X	Lis	st the photograph numbers: 0039		
				•		
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X		Isa	a survey marker present?	X	
	·					
Overall Condition	Yes	No				
Maintenance required?	X		If yes, describe required maintenance below.			
Is wellhead integrity compromised?		X	If	yes, describe required immedia	te maintenance below.	
	·			-		
General Maintenance Comments: Needs	paint on casing and one post.	Needs a new la	abel.			
Immediate Maintenance Requirement (if	necessary): None					
Immediate Maintenance Requirement (if	necessary): None					
Immediate Maintenance Requirement (if	necessary): None					
Immediate Maintenance Requirement (if	necessary): None					
Immediate Maintenance Requirement (if	necessary): None					
Immediate Maintenance Requirement (if Checklist prepared by (print)	necessary): None		Checkl	ist reviewed by (print)		

	Well	Surveillar	ice Field Form		
Well ID: 257	Well Name	: PW-1			
Date of Inspection: 10/27/05	·		Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: East side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		oordinates	
Is well labeled?	X (Brass cap only)	110	GPS Coordinates (optional)	Data Base Coordinat	es (ontional)
Well ID present?	Tr (Bruss cup only)	X	Easting:	Easting:	es (optional)
Well Name present?	X		Northing:	Northing:	
Wen I tame present.	11		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	2 aranii.	
Accessible without unlocking?	11	X	SI S BIMUS.		
Tievessies William University					
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X		1 51		
•			1		
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?		X*	Was the well photographed?		
If yes, are post painted yellow?		X	List the photograph numbers: 0104		
	*Located i	n a protective			
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
			·		
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediat	te maintenance below.	
Consul Maintanana Communitar Na	1 1.11				
General Maintenance Comments: Need	is a new label.				
Immediate Maintenance Requirement (i	f noossary). None				
immediate Maintenance Requirement (1	i necessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
~i5iiniui vi	Date.		Nighted Co	Date.	

	We	ell Surveillar	ice Field Form		
Well ID: 258	Well Na	me: PW-2			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South side of old Perc	Ponds		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordina	tes (optional)
Well ID present?		X	Easting:	Easting:	(optional)
Well Name present?	X		Northing:	Northing:	
		1	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	1,0	GPS grade:		
Accessible without unlocking?		X	5-20		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		
If yes, are post painted yellow?	X		List the photograph numbers: 0114		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present.	71	1	13 d Sdr vey Marker present.	11	
Overall Condition	Yes	No			
Maintenance required?		X	If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: None					
Immediate Maintenance Requirement (if n	ecessary): None				
		Т			
Checklist prepared by (print)	Τ= :		Checklist reviewed by (print)	Ι	
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 259	Well Na	me: PW-3			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: North side of old Perc	Ponds		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordinates	tes (ontional)
Well ID present?	71	X	Easting:	Easting:	ies (optional)
Well Name present?	X	71	Northing:	Northing:	
Wen rame present.	71	I	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	Dutum.	
Accessible without unlocking?	Λ	X	or b grade.		
recession without unfocking.		71	I		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X		1 51	<u> </u>	
*	<u>'</u>	•			
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		
If yes, are post painted yellow?	X		List the photograph numbers: 0117	·	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present:	A		15 a survey marker present:	11	
Overall Condition	Yes	No			
Maintenance required?		X	If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: None					
Immediate Maintenance Requirement (if no	ecessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
~-9	Dutti		~-9	Date.	

	We	ell Surveillar	ice Field	Form		
Well ID: 260	Well Na	me: PW-4				
Date of Inspection: 10/27/05	·		Purpos	e of Surveillance		
Facility/Location: INTEC			Ins	titutional control		
Directions to the well: South side of old Perc	Ponds		X Ro	utine surveillance		
			Oth	ner (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X			oordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?		X	Easting:		Easting:	
Well Name present?	X		Northin		Northing:	
		1		on: UTM	Projection:	
Locking well cap	Yes	No		WGS 84	Datum:	
Locking well head present?	X		GPS gra	ade:		
Accessible without unlocking?		X				
Locks	Yes	No	Electric	 cal	Yes	No
Was well locked on arrival?	X			ectrical plug present?		X
Was well locked on departure?	X			F 16 F		I
			l			
Protective Posts	Yes	No	Photogr	raphs	Yes	No
Are protective posts present?	X		Was the well photographed?			
If yes, are post painted yellow?	X		List the photograph numbers: 0115			
		•	'			
Surface Pad	Yes	No	Survey		Yes	No
Is a concrete pad present?	X		Is a surv	vey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X		If yes, describe required maintenance below.			
Is wellhead integrity compromised?		X	If yes, d	lescribe required immedia	te maintenance below.	
General Maintenance Comments: No coor	dinates on brass can					
General Maintenance Comments. 140 cool	amates on orass cap.					
Immediate Maintenance Requirement (if n	ecessary): None					
	J J					
			Cl. L''	- 11 (
Checklist prepared by (print)				eviewed by (print)		
Signature: Date: Signature: Date:					Date:	

	We	ll Surveillar	nce Field Form		
Well ID: 261	Well Nar	ne: PW-5			
Date of Inspection: 10/27/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: On berm inside of old	d Perc Ponds fence		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?		X	Was the well photographed?	X	
If yes, are post painted yellow?		X	List the photograph numbers: 0118		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?		X
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Label of	on casing should be replace	ed. Needs a brass	cap.		
Immediate Maintenance Requirement (if r	necessary): None				
Checklist man and key (mint)		Т			
Checklist prepared by (print)	D-4		Checklist reviewed by (print)	D.	
Signature:	Date:		Signature:	Date:	

	We	ell Surveillan	ice Field Form		
Well ID: 262	Well Na	me: PW-6			
Date of Inspection: 10/27/05	·		Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: North side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification	Vac	No		Coordinates	
Is well labeled?	Yes X	No	GPS Coordinates (optional)	Data Base Coordina	tas (antional)
Well ID present?	Λ	X	Easting:	Easting:	ies (optional)
Well Name present?	X	Λ	Northing:	Northing:	
wen Name present?	Λ		Projection: UTM		
Looking well oon	Vac	No	Datum: WGS 84	Projection:	
Locking well cap Locking well head present?	Yes X	No		Datum:	
Accessible without unlocking?	Λ	X	GPS grade:		
Accessible without unlocking?		Λ			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
-					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0105		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
r in France			, and a gradual gradua		
Overall Condition	Yes	No			
Maintenance required?		X	If yes, describe required maintena	ance below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: None.					
Immediate Maintenance Requirement (if n	ecessary). None				
immediate maniculance requirement (II II	ccessary). INOIIC				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillan	ice Field Form		
Well ID: 1132	Well Nar	me: RWMC-MON	N-A-066 (OW-2)		
Date of Inspection: 10/18/05	·		Purpose of Surveillance		
Facility/Location: RWMC			Institutional control		
Directions to the well: South of RWMC			X Routine surveillance		
			Other (specify below)		
Identification	Var	No.		Coordinates	
Is well labeled?	Yes X	No	GPS Coordinates (optional)	Data Base Coordinat	rag (antional)
Well ID present?	Λ	X	Easting:	Easting:	es (optional)
Well Name present?	X	Λ	Northing:	Northing:	
wen name present?	Λ		Projection: UTM	Projection:	
Looking well oon	Vac	No	Datum: WGS 84		
Locking well cap	Yes X	No		Datum:	
Locking well head present? Accessible without unlocking?	Λ	X	GPS grade:		
Accessible without unlocking?		Λ			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
•					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?		X	Was the well photographed?	X	
If yes, are post painted yellow?		X	List the photograph numbers: 0061	, 0062	
	**			***	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required mainten	ance below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia		
General Maintenance Comments: Pad is co	racked and should be repl	laced. Needs prote	ective posts.		
Immediate Maintonana Daguinana (26 -	aaagawa). Nama				
Immediate Maintenance Requirement (if no	ecessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
			(p1111)		

	We	ell Surveilla	nce Fie	eld Form		
Well ID: 349	Well Nai	me: TAN-11				
Date of Inspection: 10/26/05			Pu	rpose of Surveillance		
Facility/Location: TAN				Institutional control		
Directions to the well: South of TAN			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No		(Coordinates	
Is well labeled?	X	110	GP	S Coordinates (optional)	Data Base Coordin	ates (optional)
Well ID present?	X			sting:	Easting:	(optional)
Well Name present?	X			rthing:	Northing:	
				ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X			S grade:	1	
Accessible without unlocking?	X					
Locks	Yes	No	Ele	ectrical	Yes	No
Was well locked on arrival?	X		Is a	n electrical plug present?		X
Was well locked on departure?	X					
Protective Posts	Yes	No		otographs	Yes	No
Are protective posts present?	X			s the well photographed?	X	
If yes, are post painted yellow?		X	Lis	t the photograph numbers: 0095		
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is a	survey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X		If	ves, describe required maintena	ance below.	
Is wellhead integrity compromised?		X		ves, describe required immedia		
General Maintenance Comments: Minor Immediate Maintenance Requirement (if		osts need paint. C	Cap could	be removed by unbolting the him	ige.	
Checklist prepared by (print) Signature:	Date:		Checkli Signatu	st reviewed by (print) re:	Date	»:

	We	ll Surveillar	nce Fie	eld Form		
Well ID: 748	Well Nar	ne: TAN-12				
Date of Inspection: 10/26/05			Pu	rpose of Surveillance		
Facility/Location: TAN				Institutional control		
Directions to the well: South of TAN			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X	110	GF	S Coordinates (optional)	Data Base Coordinates	tes (ontional)
Well ID present?	X			sting:	Easting:	ics (optional)
Well Name present?	X			orthing:	Northing:	
wen rame present:	A			ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X	110		S grade:	Duvani.	
Accessible without unlocking?	X		31	S Brade.		
Tittession minious uniousing.	71	l				
Locks	Yes	No	Ele	ectrical	Yes	No
Was well locked on arrival?	X			an electrical plug present?		X
Was well locked on departure?	X			151		I
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X		Wa	as the well photographed?	X	
If yes, are post painted yellow?		X	Lis	st the photograph numbers: 0096	5, 0097	
			·			
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X		Is	a survey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X	NO	Te.	yes, describe required mainten	ana halaw	
Is wellhead integrity compromised?	Λ	X		yes, describe required maintent yes, describe required immedia		
is weiniead integrity compromised?		Λ	11 ;	yes, describe required infinedia	ite maintenance below.	
General Maintenance Comments: Needs	a new pad Protective posts	s need paint Cap	could be	removed by unbolting the hinge		
General Manitemance Commences (1900)	a new paa. I receenve posa	опеса рани. Сар	coura oc	removed by uncoming the image	•	
Immediate Maintenance Requirement (if	necessary): None					
	, ,					
Checklist prepared by (print) Signature:			Checkl Signatu	ist reviewed by (print)	Date:	

	We	ell Surveillar	nce Fi	eld Form		
Well ID: 560	Well Na	me: USGS-111				
Date of Inspection: 10/17/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: South of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X		sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
				ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X		GF	S grade:		
Accessible without unlocking?		X				
	1					
Locks	Yes	No		ectrical	Yes	No
Was well locked on arrival?	X		ls	an electrical plug present?	X	
Was well locked on departure?	X					
	*7	.	DI		T 7	NT.
Protective Posts	Yes	No		otographs	Yes	No
Are protective posts present?	X			as the well photographed?	X	
If yes, are post painted yellow?	Λ		Lis	t the photograph numbers: 0056		
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X	110		a survey marker present?	X	110
is a concrete pad present.			15	survey marker present.	11	
Overall Condition	Yes	No				
Maintenance required?	X		If.	yes, describe required maintena	ince below.	
Is wellhead integrity compromised?		X		yes, describe required immedia		
	·			_		
General Maintenance Comments: No coor	dinates on brass cap.					
Immediate Maintenance Requirement (if no	ecessary): None					
Charlist numerous by (print)		T	Ch a al-1	ist variated by (i-4)		
Checklist prepared by (print)	Datas			ist reviewed by (print)	Datas	
Signature:	Date:		Signatu	ire:	Date:	

	We	ell Surveillar	nce Fie	eld Form		
Well ID: 561	Well Nai	me: USGS-112				
Date of Inspection: 10/17/05	•		Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: South of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X		sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
		T		ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X		GP	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No		ectrical	Yes	No
Was well locked on arrival?	X		ls a	an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X			as the well photographed?	X	
If yes, are post painted yellow?	X		Lis	t the photograph numbers: 0050	,	
	·					
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X		Is a	a survey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X	110	Ifv	yes, describe required mainten	ance helow	
Is wellhead integrity compromised?		X		yes, describe required immedia		
		1 1 NI	·	· •		
General Maintenance Comments: Hinge of	on well head heeds to be re	epiaced. No coord	inates on	the brass cap.		
Immediate Maintenance Requirement (if n	ecessary). None					
immediate maintenance Requirement (ii ii	eccosary, ronc					
Checklist prepared by (print)			Checkli	ist reviewed by (print)		
Signature:	Date:		Signatu			

	We	ell Surveillar	ice Field Form		
Well ID: 562	Well Nai	me: USGS-113			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
I Jan 4: Cas 4: an	Van	No		Coordinator	
Identification Is well labeled?	Yes X	No	CDC Coordinates (antiqual)	Coordinates	(ti1)
	X	V	GPS Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?	V	X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
T 1' 11	T 7	N T	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	37	GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X		1 51	,	I
•					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 00:	51	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	NO	Is a survey marker present?	X	INO
is a concrete pad present?	Λ		is a survey marker present:	Λ	
Overall Condition	Yes	No			
Maintenance required?		X	If yes, describe required mainte	enance below.	
Is wellhead integrity compromised?		X	If yes, describe required immed		
General Maintenance Comments: None					
Immediate Maintenance Requirement (if n	ecessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 563	Well Nai	me: USGS-114			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
The state of	*7			C 11 1	
Identification	Yes	No	CDC C 1: ((i 1)	Coordinates	(,: 1)
Is well labeled?	X	37	GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	37	X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
T 11	X 7	N T	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	37	GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X		1 21	-	
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 00	52	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present.	A		15 a survey marker present:	Α	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maint	enance below.	
Is wellhead integrity compromised?		X	If yes, describe required imme	diate maintenance below.	
General Maintenance Comments: No coo					
General Maintenance Comments: No coo	rumates on orass cap.				
Immediate Maintenance Requirement (if n	ecessary): None				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Checklist prepared by (print)	T _		Checklist reviewed by (print)	T _	
Signature:	Date:		Signature:	Date:	

	Well	Surveillar	nce Field Form		
Well ID:	Well Name	: USGS-115			
Date of Inspection: 10/17/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X (Brass cap only)		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X (Brass cap only)		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0	053	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required main		
Is wellhead integrity compromised?		X	If yes, describe required imme	ediate maintenance below.	
General Maintenance Comments: Need	ls a labal on the easing Dump o	abla anliaa aha	uld be toned. No exercipates on brass	200	
General Maintenance Comments. Need	is a label of the cashig. I ump c	able splice slib	uid be taped. No coordinates on brass	сар.	
Immediate Maintenance Requirement (i	f necessary). None				
Immediate Maintenance Requirement (I	i 110005541 y j. 110110				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
	1				

	We	ell Surveillar	nce Field Form		
Well ID:	Well Nai	me: USGS-116			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Southeast of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0054	4	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required mainten		
Is wellhead integrity compromised?		X	If yes, describe required immedi	ate maintenance below.	
General Maintenance Comments: No coo	rdinates on brass cap.				
Immediate Maintenance Requirement (if n	necessary): None				
1	<i>V</i> / · · · · ·				
		Т			
Checklist prepared by (print)	T _		Checklist reviewed by (print)	Τ_	
Signature:	Date:		Signature:	Date:	

	We	ll Surveillar	nce Field Form		
Well ID:	Well Nar	ne: USGS-121			
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: North of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
			[may		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X	110	Was the well photographed?	X	110
If yes, are post painted yellow?	X		List the photograph numbers: 0059	I	
ii yes, are post painted yenow:	Α		List the photograph numbers. 0037		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required mainten		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
Canada Maintanana Cammanta Na aasa	dinatas an langua ann Na	-1 1:	_		
General Maintenance Comments: No coord	dinates on brass cap. No j	plug on access lin	e.		
·					
<u> </u>					
Immediate Maintenance Requirement (if ne	ecessary): None				
in itematical intermediate requirement (ii ite					
Checklist prepared by (print)			Checklist reviewed by (print)		

	We	ell Surveillar	nce Field Form		
Well ID:	Well Nai	me: USGS-122			
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
		1			
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordina	tes (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
		T	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X	INU	Is an electrical plug present?	1 es	X
Was well locked on departure?	X		is an electrical plug present?		Λ
was wen locked on departure:	Λ				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0073	3	1
		1			1
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	1 65	X	If yes, describe required mainten	nanca halow	
Is wellhead integrity compromised?		X	If yes, describe required immedi		
is weiniedd integrity compromised.		71	11 yes, describe required infinedi	ate maintenance below.	
General Maintenance Comments: None					
Immediate Maintenance Requirement (if n	ecessary): None				
Charlist numered by (numer)		Т	Charlist wavioused by (swint)		
Checklist prepared by (print) Signature:	Date:		Checklist reviewed by (print) Signature:	Date:	
Signature:	Date:		oignature:	Date:	

	Well	Surveillar	ice Field Form		
Well ID:	Well Name	: USGS-123			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: East side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X (Brass cap only)	110	GPS Coordinates (optional)	Data Base Coordinate	es (ontional)
Well ID present?	21 (Brass cap only)	X	Easting:	Easting:	25 (optionar)
Well Name present?	X	71	Northing:	Northing:	
Well Rulle present.	71		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	2 www.	
Accessible without unlocking?	11	X	or o grade.		
Treession without amouning.			I		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X		1 51	1	
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers:	0102	
			1 5 1		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required mai	intenance below.	
Is wellhead integrity compromised?		X	If yes, describe required imp	nediate maintenance below.	
General Maintenance Comments: Needs	a label on the surface casing.				
Immediate Maintenance Requirement (if	necessary): None				
Far. 14.					
Checklist prepared by (print)	T = .		Checklist reviewed by (print)	T 🕳 .	
Signature:	Date:		Signature:	Date:	

	Well	Surveillar	nce Field Form		
Well ID:	Well Name:	USGS-124			
Date of Inspection: 10/26/05	·		Purpose of Surveillance		
Facility/Location: WAG 10			Institutional control		
Directions to the well: East of Big Southe	ern Butte		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X (wooden fence)		Was the well photographed?	X	
If yes, are post painted yellow?		X	List the photograph numbers:	0090	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?		X
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required ma		
Is wellhead integrity compromised?		X	If yes, describe required im	mediate maintenance below.	
General Maintenance Comments: Need	ds a brass cap and a new label.				
<u> </u>					
Immediate Maintenance Requirement (if necessary): None				
Checklist prepared by (print)	I		Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	nce Field Form		
Well ID:	Well Nai	me: USGS-128			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: CFA			Institutional control		
Directions to the well: North of Landfill 3			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	103	X	GPS Coordinates (optional)	Data Base Coordinate	es (ontional)
Well ID present?		X	Easting:	Easting:	os (epiteriai)
Well Name present?		X	Northing:	Northing:	
	I		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	- 1.5	GPS grade:	1	
Accessible without unlocking?		X	6		
<u>g</u>					
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
•					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?		X	Was the well photographed?	X	
If yes, are post painted yellow?		X	List the photograph numbers:	0042	
		I			
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X	- 1,0	If yes, describe required ma	intenance below.	
Is wellhead integrity compromised?		X		mediate maintenance below.	
	•				
General Maintenance Comments: No label	, no protective posts. No	coordinates, name	e or ID number on brass cap.		
Immediate Maintenance Descriptionant (if no	aassami). Nono				
Immediate Maintenance Requirement (if ne	cessary): None				
Checklist prepared by (print)		I	Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
0 ' ''	1 =		o	1 = 4.00	

	Well	Surveillar	nce Field Form		
Well ID:463	Well Name:	USGS-14			
Date of Inspection: 10/26/05	·		Purpose of Surveillance		
Facility/Location: WAG 10			Institutional control		
Directions to the well: South of Big Sout	hern Butte		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X (wooden fence)		Was the well photographed?	X	
If yes, are post painted yellow?		X	List the photograph numbers: 0091	, 0092	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required mainten	ance below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Wel	l cap (box style) should be replace	ced, due to hol	es (vandalism).		
Immediate Maintenance Requirement (if necessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillan	ice Field Form		
Well ID: 483	Well Na	me: USGS-34			
Date of Inspection: 10/17/05	<u>'</u>		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West of INTEC			X Routine surveillance		
			Other (specify below)		
			(P		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	Easting:	Easting:	· · · /
Well Name present?	X		Northing:	Northing:	
1	<u>'</u>	1	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:	,	
Accessible without unlocking?		X			
	I	1	1		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X		1 21		
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers:	0045	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
•	•		•		
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required ma	intenance below.	
Is wellhead integrity compromised?		X	If yes, describe required im	mediate maintenance below.	
General Maintenance Comments: Pump ca		d during next visit	t, sampling, or maintenance event. N	No coordinates on brass cap.	
Checklist prepared by (print)			Checklist reviewed by (print)		

Signature:	Date:	ate: Signature: Date:			
	W	ell Surveillanc	e Field Form		
Well ID: 482	Well N	ame: USGS-33			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No	C	oordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinate	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0046		
	X 7	3.7		W7	3 T
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Occupation of the control of the con	X 7	N.	1		
Overall Condition Maintenance required?	Yes X	No	If was describe as an include a sintense	u a a b al arri	
Is wellhead integrity compromised?	Λ	X	If yes, describe required maintenal If yes, describe required immediat		
is weiniead integrity compromised?		Λ	ii yes, describe required inimediat	e maintenance below.	
General Maintenance Comments: Pump cable spli	ce should be tar	and during next visit	campling or maintenance event. No cook	dinates on brass can	
General Maintenance Comments. Tump caoic spin	ee should be tap	ocu during next visit,	sampling, of maintenance event. No cool	dillates off brass cap.	
Immediate Maintenance Requirement (if necessary	v): None				
(II necessar)	, ,				
Checklist prepared by (print)		(Checklist reviewed by (print)		

Signature:	Date:		Signatu	re:		Date:	
	V	Vell Surveillar	ice Fie	eld Form			
Well ID: 485	Well I	Name: USGS-36					
Date of Inspection: 10/17/05			Pu	rpose of Surveillance			
Facility/Location: INTEC				Institutional control			
Directions to the well: West of INTEC			X	Routine surveillance			
				Other (specify below)			
Identification	Yes	No		Co	ordinates		
Is well labeled?	X		GP	S Coordinates (optional)	Data Base C	oordinates	(optional)
Well ID present?		X	Eas	sting:	Easting:		
Well Name present?	X		No	rthing:	Northing:		
			Pro	jection: UTM	Projection:		
Locking well cap	Yes	No	Da	tum: WGS 84	Datum:		
Locking well head present?	X		GP	S grade:			
Accessible without unlocking?		X					
		·	•				
Locks	Yes	No	Ele	ectrical	Yes		No
Was well locked on arrival?	X		Is a	n electrical plug present?	X		
Was well locked on departure?	X						
Protective Posts	Yes	No	Ph	otographs	Yes		No
Are protective posts present?	X		Wa	s the well photographed?	X		
If yes, are post painted yellow?	X			t the photograph numbers: 0044			
		'					
Surface Pad	Yes	No	Su	rvey	Yes		No
Is a concrete pad present?	X		Is a	survey marker present?	X		
		'		•			
Overall Condition	Yes	No					
Maintenance required?	X		If y	ves, describe required maintenan	ice below.		
Is wellhead integrity compromised?		X		ves, describe required immediate		low.	
		'		•			
General Maintenance Comments: No coordinates on b	rass cap.						
	-						
Immediate Maintenance Requirement (if necessary): N	one						
•							
Checklist prepared by (print)			Checkli	st reviewed by (print)			
Signature:	Date:		Signatu	<i>V</i> 4 /		Date:	
_							

	We	ll Surveillar	nce Field Form		
Well ID: 486	Well Nar	ne: USGS-37			
Date of Inspection: 10/17/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Southwest of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0043		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena	ance below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
C IN:	11 1 11 11 1	1	1	1	
General Maintenance Comments: Pump of	cable splice could be taped	during next visit,	, sampling or maintenance event. No coor	dinates on brass cap.	
Immediate Maintaness Description (CC					
Immediate Maintenance Requirement (if I	iecessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Dignatule.	Date:		Dignature.	Date:	

	W	ell Surveillance	e Fie	eld Form		
Well ID: 487	Well N	ame: USGS-38				
Date of Inspection: 10/17/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: Southwest of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No			oordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordina	ites (optional)
Well ID present?		X		sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
				ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X		GF	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No	_	ectrical	Yes	No
Was well locked on arrival?		X (see note below)	_	an electrical plug present?	X	
Was well locked on departure?		X (see note below)				
Protective Posts	Yes	No	_	otographs	Yes	No
Are protective posts present?	X (only 2)			as the well photographed?	X	
If yes, are post painted yellow?	X		Lis	st the photograph numbers: 0048		
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is a	a survey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X			yes, describe required maintena		
Is wellhead integrity compromised?		X	If	yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Well was No coordinates on the brass cap. Immediate Maintenance Requirement (if the second	_	aintenance/logging by	USGS	S, so well was not locked during s	urveillance visit. Needs th	ird protective post.
Checklist prepared by (print)			heckl	ist reviewed by (print)		
Signature:	Date:		gnatu	i di /	Date	<u> </u>
Digitarui C.	Date.	51	Snait		Date	<u> </u>

	We	ell Surveillar	ice Field Form		
Well ID: 488	Well Na	me: USGS-39			
Date of Inspection: 10/17/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordinat	tes (ontional)
Well ID present?	Λ	X	Easting:	Easting:	cs (optional)
Well Name present?	X	Λ	Northing:	Northing:	
wen Name present:	Λ	<u> </u>	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	Datum.	
Accessible without unlocking?	Λ	X	Of 5 grade.		
recessione without uniocking:		Λ	I		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X			·	
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0047		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present:	A		15 a survey marker present:	71	
Overall Condition	Yes	No			
Maintenance required?		X	If yes, describe required maintena	ince below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: None					
Immediate Maintenance Requirement (if no	ecessary): None				
Chealdist meanward by (point)			Checklist reviewed by (print)		
Checklist prepared by (print)	Date:		Signature:	Datas	
Signature:	Date:		oignature:	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 489	Well Nai	me: USGS-40			
Date of Inspection: 10/20/05	•		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	***	GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	***	X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X		15 din troument programme.		
Was well looked on departure.					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers: NA		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
* *	'		1	-	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Brass ca	en not stamped. Needs a n	new nad			
General Maintenance Comments. Brass Ca	ip not stamped. Needs a n	icw pau.			
Immediate Maintenance Requirement (if n	ecessary): None				
Checklist prepared by (print)		I	Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Dignatul C.	Date.		Dignatui C.	Date.	

	Wel	ll Surveillan	ce Fi	eld Form		
Well ID: 490	Well Nam	ne: USGS-41				
Date of Inspection: 10/20/05	•		Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: West side of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No		(Coordinates	
Is well labeled?		X	GF	PS Coordinates (optional)	Data Base Coordina	tes (optional)
Well ID present?		X	Ea	sting:	Easting:	
Well Name present?		X	No	orthing:	Northing:	
-			Pro	ojection: UTM	Projection:	
Locking well cap	Yes	No	Da	tum: WGS 84	Datum:	
Locking well head present?	X		GF	S grade:		
Accessible without unlocking?		X				
-						
Locks	Yes	No	Ele	ectrical	Yes	No
Was well locked on arrival?	X		Is	an electrical plug present?	X	
Was well locked on departure?	X					
-						
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X		W	as the well photographed?		X
If yes, are post painted yellow?	X		Lis	st the photograph numbers: NA		
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X		Is	a survey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X			yes, describe required maintena		
Is wellhead integrity compromised?		X	If	yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Brass cap n	ot stamped. Needs a ne	ew pad. Needs to	be labele	ed.		
Immediate Maintenance Requirement (if neces	ssary): None					
Checklist prepared by (print)			Checkl	ist reviewed by (print)		

	We	ell Surveilla	nce Fi	eld Form		
Well ID: 491	Well Nai	me: USGS-42				
Date of Inspection: 10/20/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: West side of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?		X		sting:	Easting:	
Well Name present?	X			orthing:	Northing:	
		T		ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X		GF	S grade:		
Accessible without unlocking?		X				
1						
Locks	Yes	No		ectrical	Yes	No
Was well locked on arrival?	X		Is:	an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts	Yes	No		otographs	Yes	No
Are protective posts present?	X			as the well photographed?		X
If yes, are post painted yellow?	X		Lis	st the photograph numbers: NA		
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is	a survey marker present?	X	
		T				
Overall Condition	Yes	No				
Maintenance required?	X			yes, describe required mainten		
Is wellhead integrity compromised?		X	If :	yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Brass c	ap not stamped. Needs a n	iew pad. Pump ca	ble splice	should be taped.		
T 11 / 37 / 4	\ \ \					
Immediate Maintenance Requirement (if r	iecessary): None					
Checklist prepared by (print)			Chaald	ist reviewed by (print)		
1 1 1 1	Dotat			• • •	Date:	
Signature:	Date:		Signatu	ire;	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 492	Well Na	me: USGS-43			
Date of Inspection: 10/18/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordinat	res (ontional)
Well ID present?	A	X	Easting:	Easting:	es (optionar)
Well Name present?	X	71	Northing:	Northing:	
wen rame present:	Α		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	Datum.	
Accessible without unlocking?	Λ	X	of b grade.		
recession without unioeking:		Λ	1		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X			·	
-					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0063		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present.	71	1	15 a survey marker present.	71	
Overall Condition	Yes	No			
Maintenance required?		X	If yes, describe required maintena	ance below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: None					
Immediate Maintenance Requirement (if n	ecessary): None				
		Т			
Checklist prepared by (print)			Checklist reviewed by (print)	T = .	
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 493	Well Na	me: USGS-44			
Date of Inspection: 10/18/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordinat	tes (ontional)
Well ID present?	Λ	X	Easting:	Easting:	les (optional)
Well Name present?	X	Λ	Northing:	Northing:	
wen Name present:	Λ		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	Datuiii.	
Accessible without unlocking?	Λ	X	or b grade.		
Accession without unlocking:		Λ			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
-	•				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0066		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present:	Α		is a survey marker present:	A	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena	nce below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Plug ne	eds to be wired to nump of				
General Wantenance Comments. Thug he	eds to be whea to pump e	auic.			
Immediate Maintenance Requirement (if n	ecessary): None				
	• •				
Charlist proposed by (print)		I	Charlist varioused by (print)		
Checklist prepared by (print)	Date:		Checklist reviewed by (print) Signature:	Date:	
Signature:	Date:		orginature:	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 494	Well Na	me: USGS-45			
Date of Inspection: 10/18/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordinate	tes (ontional)
Well ID present?	A	X	Easting:	Easting:	ies (optional)
Well Name present?	X	Λ	Northing:	Northing:	
wen rame present:	Λ	1	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	Datuiii.	
Accessible without unlocking?	Λ	X	of 5 grade.		
Accessible without unlocking:		Λ			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X			·	
-					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0067		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present:	Α		is a survey marker present:	Α	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena	nce below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Brass of	an noods to be stemped				
General Maintenance Comments: Blass C	ap needs to be stamped.				
Immediate Maintenance Requirement (if I	necessary): None				
,	• /				
Charlest annually () (Т	Challed and and I () (
Checklist prepared by (print)	D.4.		Checklist reviewed by (print)	ъ.	
Signature:	Date:		Signature:	Date:	

	Well	Surveillan	ice Field Form		
Well ID: 495	Well Name:	: USGS-46			
Date of Inspection: 10/18/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		oordinates	
Is well labeled?	X (Brass cap only)	110	GPS Coordinates (optional)	Data Base Coordinates	tes (ontional)
Well ID present?	A (Blass cap only)	X	Easting:	Easting:	ies (optional)
Well Name present?	X	Λ	Northing:	Northing:	
wen vame present:	Λ		Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	110	GPS grade:	Datuiii.	
Accessible without unlocking?	Λ	X	or 5 grade.		
Accessione without uniocking:		Λ	I		
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X			·	
-			·		
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0065		
Surface Pad	Vos	No	C	Van	N/a
	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena	nce below.	
Is wellhead integrity compromised?		X	If yes, describe required immediate	te maintenance below.	
C IN: A C A DI	1 , 1 , 1 , 11	NT 1 11	1		
General Maintenance Comments: Plug	g needs to be wired to pump cabl	le. Needs a labe	El		
Immediate Maintenance Requirement ((if necessary). None				
immediate Mamediance Requirement	(11 Heecssury), 140He				
Checklist prepared by (print)	Т_		Checklist reviewed by (print)	T_	
Signature:	Date:		Signature:	Date:	

	We	ell Surveilla	nce Fi	eld Form		
Well ID: 497	Well Nai	me: USGS-48				
Date of Inspection: 10/27/05			Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: South end of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?		X		sting:	Easting:	
Well Name present?	X			orthing:	Northing:	
				ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X		GF	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No		ectrical	Yes	No
Was well locked on arrival?	X		Is	an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts	Yes	No		otographs	Yes	No
Are protective posts present?	X			as the well photographed?	X	
If yes, are post painted yellow?	X		Lis	st the photograph numbers: 0121		
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		Is	a survey marker present?	X	
Overall Condition	Yes	No				
Maintenance required?	X			yes, describe required mainten		
Is wellhead integrity compromised?		X	If	yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Name of	only on the brass cap. Plug	needs to be attac	hed to pu	ımp cable.		
	<u>, , , , , , , , , , , , , , , , , , , </u>			•		
Immediate Maintenance Requirement (if n	ecessary): None					
	• /					
Checklist prepared by (print)			Checkl	ist reviewed by (print)		
Signature:	Date:		Signatu	ire:	Date:	
	1				· · · · · · · · · · · · · · · · · · ·	

	We	ell Surveillar	nce Fiel	ld Form		
Well ID:498	Well Na	me: USGS-49				
Date of Inspection: 10/27/05	•		Pur	pose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: East side of INTEC			X	Routine surveillance		
				Other (specify below)		
				· • • · · ·		
Identification	Yes	No		(Coordinates	
Is well labeled?	X		GPS	S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	East	ting:	Easting:	
Well Name present?	X		Nor	thing:	Northing:	
			Proj	ection: UTM	Projection:	
Locking well cap	Yes	No	Dat	um: WGS 84	Datum:	
Locking well head present?	X		GPS	S grade:	•	
Accessible without unlocking?		X				
	<u>'</u>					
Locks	Yes	No	Elec	ctrical	Yes	No
Was well locked on arrival?	X		Is an	n electrical plug present?		X
Was well locked on departure?	X					
•	<u>'</u>		•			
Protective Posts	Yes	No	Pho	tographs	Yes	No
Are protective posts present?	X		Was	s the well photographed?	X	
If yes, are post painted yellow?	X		List	the photograph numbers: 0098		
Surface Pad	Yes	No	Sur	vey	Yes	No
Is a concrete pad present?	X			survey marker present?	X	
	<u>'</u>			•		
Overall Condition	Yes	No				
Maintenance required?		X	If y	es, describe required maintena	ance below.	
Is wellhead integrity compromised?		X	If y	es, describe required immedia	te maintenance below.	
	<u>'</u>		,	•		
General Maintenance Comments: None.						
Immediate Maintenance Requirement (if nec	essary). None					
•	coour y j. 1 tone					
	essury). I voice					
	2009ai y). 110iic					
	essai y). I tone					
	200 01 1, 110110					
Checklist prepared by (print)	essury). Hono		Checklis	st reviewed by (print)		

	We	ell Surveillar	ice Field Form		
Well ID:499	Well Nai	me: USGS-50			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Center of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X	110	Is an electrical plug present?	*	110
Was well locked on departure?	X		1 51	pened during surveillance	
was wen locked on departure.	71		Rud Well Hot o	penea daring sur vemanee	•
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers: NA		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present:	Λ		is a survey marker present:	Λ	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena	ince below.	
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
Canada Maintanana a Cammanta. Duasa a					
General Maintenance Comments: Brass ca	ip not stamped. Needs a n	iew pad.			
Immediate Maintenance Requirement (if no	ecessary): None				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>V</i>)				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Signatui C.	Date:		Signature.	Date:	

	We	ll Surveillar	nce Field Form			
Well ID: 500	Well Nan	ne: USGS-51				
Date of Inspection: 10/27/05	·		Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: West of old Perc Pon	ds fence		X Routine surveillance			
			Other (specify below)			
Identification	Yes	No		Coordinates		
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	es (optional)	
Well ID present?		X	Easting:	Easting:		
Well Name present?	X		Northing:	Northing:		
			Projection: UTM	Projection:		
Locking well cap	Yes	No	Datum: WGS 84	Datum:		
Locking well head present?	X		GPS grade:			
Accessible without unlocking?		X				
Locks	Yes	No	Electrical	Yes	No	
Was well locked on arrival?	X		Is an electrical plug present?	X		
Was well locked on departure?	X					
Protective Posts	Yes	No	Photographs	Yes	No	
Are protective posts present?		X	Was the well photographed?	X		
If yes, are post painted yellow?		X	List the photograph numbers: 0119	9, 120		
Surface Pad	Yes	No	Survey	Yes	No	
Is a concrete pad present?	X		Is a survey marker present?	X		
Overall Condition	Yes	No				
Maintenance required?	X		If yes, describe required mainten	ance below.		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.		
General Maintenance Comments: Minor	cracks in pad, but it is in go	ood condition. Br	ass cap not stamped.			
Immediate Maintenance Requirement (if I	necessary): None					
Checklist prepared by (print)						
Checkinst prepared by (print)			Checklist reviewed by (print)			

	We	ell Surveillar	ice Field Form		
Well ID: 501	Well Na	me: USGS-52			
Date of Inspection: 10/20/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East side of INTEC			X Routine surveillance		
			Other (specify below)		
I down 4: Constitution	Vac	No		Yaandin 444	
Identification	Yes	No		Coordinates	(ti1)
Is well labeled?	X	v	GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?	77	X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
T 11	T 7	3. T	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	37	GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X		1 21		
			<u>'</u>		
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers: NA		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
10 W CONCIONO PARA PICCONO.		1	15 a sarvey marner presenter	11	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintena		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.	
General Maintenance Comments: Brass ca	un not stamned				
General Maintenance Comments. Blass co	ip not stamped.				
Immediate Maintenance Requirement (if no	ecessary): None				
	<u> </u>				
Checklist prepared by (print)		I	Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Signature.	Date.		Digitatut C.	Date.	

	Well	Surveillar	ice Field Form			
Well ID: 506	Well Name:	USGS-57				
Date of Inspection: 10/27/05			Purpose of Surveillance			
Facility/Location: ICDF			Institutional control			
Directions to the well: South side of ICD	F		X Routine surveillance			
			Other (specify below)			
Identification	Yes	No	C	Coordinates		
Is well labeled?	X (Brass cap only)		GPS Coordinates (optional)	Data Base Coordinat	es (optional)	
Well ID present?		X	Easting:	Easting:		
Well Name present?	X		Northing:	Northing:		
			Projection: UTM	Projection:		
Locking well cap	Yes	No	Datum: WGS 84	Datum:		
Locking well head present?	X		GPS grade:			
Accessible without unlocking?		X				
-						
Locks	Yes	No	Electrical	Yes	No	
Was well locked on arrival?	X		Is an electrical plug present?		X	
Was well locked on departure?	X					
-						
Protective Posts	Yes	No	Photographs	Yes	No	
Are protective posts present?	X (only 2)		Was the well photographed?	X		
If yes, are post painted yellow?	X		List the photograph numbers: 0099			
Surface Pad	Yes	No	Survey	Yes	No	
Is a concrete pad present?	X		Is a survey marker present?	X		
			·			
Overall Condition	Yes	No				
Maintenance required?	X		If yes, describe required maintena	ance below.		
Is wellhead integrity compromised?		X	If yes, describe required immedia	te maintenance below.		
General Maintenance Comments: Nee	ds a new label on the casing and	a third protect	ive post.			
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)	Date:		Checklist reviewed by (print) Signature:	Date:		

	We	ell Surveillar	ice Field Form		
Well ID: 508	Well Na	me: USGS-59			
Date of Inspection: 10/18/05	•		Purpose of Surveillanc	e	
Facility/Location: INTEC	Facility/Location: INTEC		Institutional control		
Directions to the well: South of INTEC	Directions to the well: South of INTEC		X Routine surveillanc	e	
			Other (specify below	w)	
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (option	nal) Data Base Coordinat	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
<u> </u>					
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug pres	sent?	X
Was well locked on departure?	X			·	
•	•				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photograph	hed? X	
If yes, are post painted yellow?	X		List the photograph num	nbers: 0074	
	•	•			
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker prese	ent? X	
	·			·	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe require	ed immediate maintenance below.	
General Maintenance Comments: Needs p	lug wired to pump cable.				
Immediate Maintenance Requirement (if n	ecessary): None				
Checklist prepared by (print)			Checklist reviewed by (prin	nt)	
Signature:	Date:		Signature:	Date:	

	We	ell Surveillan	ice Field Form		
Well ID: 516	Well Na	me: USGS-67			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East of old Perc Pond	irections to the well: East of old Perc Ponds		X Routine surveillance		
			Other (specify below)		
Identification	Yes	No		Coordinates	
Is well labeled?	X	110	GPS Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?		X	Easting:	Easting:	(optional)
Well Name present?	X		Northing:	Northing:	
		1	Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X	1	GPS grade:		
Accessible without unlocking?		X	0		
<u> </u>					
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0116		I
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present:	Λ		is a survey marker present:	Λ	
Overall Condition	Yes	No			
Maintenance required?		X	If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: None					
Immediate Maintenance Requirement (if n	acassary). None				
Immediate Maintenance Requirement (ii ii	ccessary). INOIIC				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillar	ice Field Form		
Well ID: 526	Well Nai	me: USGS-77			
Date of Inspection: 10/17/05	·		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
	I	1			
Identification	Yes	No		Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X	110	Is an electrical plug present?	X	110
Was well locked on departure?	X		is an electrical plug present?	Λ	
was well locked oil departure?	Λ				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers:	<u>'</u>	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X	110	Is a survey marker present?	X	110
is a concrete pad present:	Λ		is a survey marker present:	Λ	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.		
Canada Maintananaa Cammanta. Na aasa	dinatas an langa ann Na		auanian diad		
General Maintenance Comments: No coord	umates on orass cap. No	photo as camera o	atteries died.		
Immediate Maintenance Requirement (if no	ecessary): None				
Checklist prepared by (print)		I	Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	
Signatur C.	Date.		Digital C.	Date.	

	We	ell Surveillar	ice Field Form		
Well ID:531	Well Nai	me: USGS-82			
Date of Inspection: 10/18/05	,		Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East of INTEC			X Routine surveillance		
			Other (specify below)		
Identification	Yes	No	(Coordinates	
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinat	tes (optional)
Well ID present?		X	Easting:	Easting:	· -
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X			·	
-					
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0060		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
	·				
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Pump of	cable should be re-taped.				
1					
Immediate Maintenance Requirement (if r	necessary): None				
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:	Date:		Signature:	Date:	

	We	ell Surveillai	nce Fi	eld Form		
Well ID: 533	Well Nar	me: USGS-84				
Date of Inspection: 10/17/05	<u> </u>		Pu	rpose of Surveillance		
Facility/Location: INTEC				Institutional control		
Directions to the well: West of INTEC			X	Routine surveillance		
				Other (specify below)		
Identification	Yes	No			Coordinates	
Is well labeled?	X			S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X		sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
		T		ojection: UTM	Projection:	
Locking well cap	Yes	No		tum: WGS 84	Datum:	
Locking well head present?	X		GF	S grade:		
Accessible without unlocking?		X				
Locks	Yes	No		ectrical	Yes	No
Was well locked on arrival?	X		Is	an electrical plug present?	X	
Was well locked on departure?	X					
		I				
Protective Posts	Yes	No		otographs	Yes	No
Are protective posts present?	X			as the well photographed?	X	
If yes, are post painted yellow?	X		Lis	t the photograph numbers: 0049		
		T				
Surface Pad	Yes	No		rvey	Yes	No
Is a concrete pad present?	X		ls:	a survey marker present?	X	
0 11 0 122	X 7					
Overall Condition	Yes	No	7.0		1 1	
Maintenance required?	X	V		yes, describe required mainten		
Is wellhead integrity compromised?		X	11]	yes, describe required immedia	te maintenance below.	
	11 1 111 11 1	1, 137	1	4 1		
General Maintenance Comments: Pump	cable should be re-spliced	and taped. No coo	ordinates	on the brass cap.		
Immediate Maintenance Description and CF	nooggami). Nama					
Immediate Maintenance Requirement (if	necessary): None					
Checklist prepared by (print)			Checkl	ist reviewed by (print)		
Signature:	Date:		Signatu	• • •	Date:	
oignatui C.	Date.		Dignatt		Date.	

	We	ll Surveillan	ce Field Form			
Well ID: 534	Well Nar	ne: USGS-85				
Date of Inspection: 10/17/05			Purpose of Surveilla	ance		
Facility/Location: CFA			Institutional co			
Directions to the well: West of Landfill 3			X Routine surveil	llance		
			Other (specify	below)		
				,		
Identification	Yes	No		C	oordinates	
Is well labeled?	X		GPS Coordinates (o	ptional)	Data Base Coordinat	tes (optional)
Well ID present?		X	Easting:		Easting:	· -
Well Name present?	X		Northing:		Northing:	
			Projection: UTM		Projection:	
Locking well cap	Yes	No	Datum: WGS 84		Datum:	
Locking well head present?	X		GPS grade:			
Accessible without unlocking?		X				
Locks	Yes	No	Electrical		Yes	No
Was well locked on arrival?	X		Is an electrical plug	present?	X	
Was well locked on departure?	X			_	·	
-						
Protective Posts	Yes	No	Photographs		Yes	No
Are protective posts present?	X		Was the well photog	graphed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0040			
Surface Pad	Yes	No	Survey		Yes	No
Is a concrete pad present?	X		Is a survey marker p	oresent?	X	
			·		·	
Overall Condition	Yes	No				
Maintenance required?	X		If yes, describe required maintenance below.			
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.			
General Maintenance Comments: No coord	linates on brass cap. Needs	s well ID on label	•			
1						
Immediate Maintenance Requirement (if n	ecessary): None					
Checklist prepared by (print)			Checklist reviewed by ((print)		
Signature:	Date:		Signature:		Date:	

	Well	Surveillar	nce Fie	eld Form		
Well ID: 535	Well Name:	USGS-86				
Date of Inspection: 10/26/05			Pu	rpose of Surveillance		
Facility/Location: WAG 10			Institutional control			
Directions to the well: West of Big Southe	ern Butte (T-1 Road)		X	X Routine surveillance		
				Other (specify below)		
Identification	Yes	No		(Coordinates	
Is well labeled?	X	-,,	GF	S Coordinates (optional)	Data Base Coordinat	es (optional)
Well ID present?		X		sting:	Easting:	
Well Name present?	X			rthing:	Northing:	
•				jection: UTM	Projection:	
Locking well cap	Yes	No	Da	tum: WGS 84	Datum:	
Locking well head present?	X		GF	S grade:		
Accessible without unlocking?	X					
Locks	Yes	No	FL	ectrical	Yes	No
Was well locked on arrival?	X	110		in electrical plug present?	X	110
Was well locked on departure?	X		15 0	in electrical plug present:	Λ	
was well locked on departure:	Λ					
Protective Posts	Yes	No	Ph	otographs	Yes	No
Are protective posts present?	X (wooden fence)			s the well photographed?	X	
If yes, are post painted yellow?		X	Lis	t the photograph numbers: 0093	, 0094	
Surface Pad	Yes	No	Su	rvey	Yes	No
Is a concrete pad present?	X	110		survey marker present?	X	110
is a concrete pad present.	71		15 (t survey marker present.	A	
Overall Condition	Yes	No				
Maintenance required?	X		If yes, describe required maintenance below.			
Is wellhead integrity compromised?		X	If	ves, describe required immedia	te maintenance below.	
General Maintenance Comments: Well	can (hov style) needs a hinge re	enlaced Curre	ntly one l	ninge is held in place with wire		
General Maintenance Comments. Wen	cup (box style) needs a ninge re	praced. Carre	intry one i	inige is neid in place with whe.		
Immediate Maintenance Requirement (i	f necessary): None					
Checklist prepared by (print)		I	Charlet	est reviewed by (print)		
Signature:	Date:		Signatu	st reviewed by (print)	Date:	
Signature:	Date:		Signatt	10.	Date:	

Appendix B Well Modification Logs

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WELL MODIFICATION LOG

Page 1 of 2

Use with MCP-3480

Well Name: ARA	-M0N-A-004		Well ID No.: 1007	Start Date: 11/16/04	End Date: 11/17/04
Project Name: S	itewide Well Maintena	nce for Fiscal Year 20	005 Installation team: T. Anderson, H	. Jensen, J. Cook	Logbook No.: <u>ER-199-2004</u>
Reason for modifica	tion: Replace Pum	p			Elevation of Brass Cap:
	T	I			
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
]	Date:		Diameter:	Diameter:	
Deviation Logs: Yes No		Height Above Ground: (Stick up) Height Above Ground: (Stick		(Stick up)	
]	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	s: Yes No [
]	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na	By nme	Perform Signa		Date

WELL MODIFICATION LOG

Page 2 of 2

			Pump Mod	lification
			Type:	Submersible
П			Manufacture:	Grundfos
			Model No.:	16S50-30
			Serial No.:	04F-18-22-3075
			Pump Length:	61 in.
		Plug Configuration (color/symbol)	Top of Pump:	
		Black to	Bottom of Pump:	
		Red to	Inlet Depth:	
		Green to	Horse Power:	5 hp
	D	to	Flow Rate:	
	5	in Section of the sec	Head:	
l w	c h		Volts, Amps, KW:	
			Phase:	3 phase
A c	9 e		Motor Leads Subm Cable:	
C	L		Check Valve Removed:	☐ Yes ☐ No
e s s	n e		Weep Hole Depth BLS:	
L.			Well Development	
n			Date:	Method:
		Water Level:ft	Comments:	
cess Line				
ft cap				
		Pump Intake Depth;ft	Pump Test	
		Depui,	Date:	Specific Capacity
	(N) (N)		Operating Amp:	7
iterial:		WL Access Line Capped:(yes) (no)	Comments:	
		The state of the s		
aterial:		Water Level (approx):ft		

WELL MODIFICATION LOG

11/00/2001
Rev. 03
Use with MCP-3480

Well Name: ARA-	MON-A-03A		Well ID No.: 1006	Start Date: 11/9/04	End Date: 11/10/04
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H. Je	ensen, L. Roserio, J. Cook	Logbook No.: ER-199-2004
Reason for modificati	on: Replace pum	p.		E	levation of Brass Cap:
		T	_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
D	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
D	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performed Signature		Date

⊠ No □

is a pump replacement? Yes					
	WL Access Line	Discharge Line	. B)	Plug Configu (color/symbol Black to Red to Yellow to to	bb)
WL Access Line	ca				
Depth:ft				Pump Intake Depth;	ft
Discharge Line Material:		 _	1	VL Access Line Capped:()	res) (no)
WL Access Line Material:				Water Level (approx):	4

Pump Modification					
Type:	Submersible				
Manufacture:	Grundfos,				
Model No.:	16S50-38				
Serial No.:	B10110039				
Pump Length:	61 ¼ in				
Top of Pump:	636.8 ft bls				
Bottom of Pump:	638.72 ft bls				
Inlet Depth:	641.9 ft bls				
Horse Power:	5				
Flow Rate:	16gpm@ 813 ft				
Head:					
Volts, Amps, KW:					
Phase:	3				
Motor Leads Subm Cable:					
Check Valve Removed:	☐ Yes ☐ No				
Weep Hole Depth BLS:	596.8 ft b;s				

Well Development							
Date:	Method:						
Comments:							

Pump Test						
Date:	Specific Capacity:					

WELL MODIFICATION LOG

Rev. 03	
Use with MCP-	3480

Well Name: USGS	S-001		Well ID No.: <u>450</u>	Start Date: 6/20/05	End Date: <u>7/7/05</u>
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: Anderson, Gord	don	Logbook No.: <u>ER-132-2005</u>
Reason for modificat	ion: Replace wate	er level access line, rei	nove sand from bottom of well	El	evation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level A	Access Line Modification
Video Logs:	Yes 🛛 No [Material:	Material:	Stainless steel
I	Date: 6/22/05		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
I	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes \[\] No [
I	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Perform Signa		Date

		Pump M	Iodification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration	Pump Length:	
	(color/symbol) Black to	Top of Pump:	
	Red to Yellow to	Bottom of Pump:	
	Green to	Inlet Depth:	
0	Green to to	Horse Power:	
5		Flow Rate:	
W h		Head:	
		Volts, Amps, KW:	
A g		Phase:	
c L		Motor Leads Subm Cable	»:
e i		Check Valve Removed:	☐ Yes ☐ N
s e		Weep Hole Depth BLS:	
l n	Water Level:ft	Well Development	
	water Level:n	Date:	Method:
		Comments:	
100			
WL Access Line			
Depth:ft Cap	Pump Intake		
	Depth;ft		
		Pump Test	
East 1		Date:	Specific Capaci
charge Line Material:	WL Access Line Capped:(yes)(no)		Specific Cupuci
Access Line Material:	Water Level (approx):ft		
C Down William	Name Well Comment and a standard and		
ge of Pump Wire:	New Well Survey Needed: (yes) (no) .		

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WELL MODIFICATION LOG

Well Name: USGS	-002		Well ID No.: 451	Start Date: <u>6/16/05</u>	End Date: 6/28-05
Project Name: Sit	ewide Well Maintenar	nce for Fiscal Year 20	Installation team: Gordon, Jensen	, Shibley, Cook	Logbook No.: ER-132-2005
Reason for modification	on: Pull pipe and	pump, replace pipe, 1	remove debris.	Ele	evation of Brass Cap:
			_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	stainless steel
Concrete Pad:			Diameter:	Diameter:	1.25 ft
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (S	tick up)
Screen:			Depth BLS:	Depth BLS:	682.1 ft
Loc and Cap:					
			Surface Casing	Water Level A	Access Line Modification
Video Logs:	Yes 🛛 No 🛭		Material:	Material:	stainless steel
D	ate: 6/21/05		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (S	tick up)
D	ate:		Depth BLS:	Depth BLS:	662 ft
Other Geologic Logs:	Yes No [
D	ate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Perform Signa		Date

		Pump Mod	ification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	5.1 ft
	Black to	Top of Pump:	682.1 ft
	Red to	Bottom of Pump:	687.2 ft
	Green to	Inlet Depth:	685 ft
D	to	Horse Power:	
i s.		Flow Rate:	
w h		Head:	
		Volts, Amps, KW:	
A ge		Phase:	
A CC LIN		Motor Leads Subm Cable:	
s n		Check Valve Removed:	☐ Yes ☐ N
		Weep Hole Depth BLS:	
LINE		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
	Pump Intake		
	Pump Intake Depth;ft		
		Pump Test	
Depth:ft cap	Depth;ft	Pump Test Date:	Specific Capaci
WL Access Line cap Depth: ft cap charge Line Material:			Specific Capaci
Depth:ft	Depth;ft		Specific Capaci

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WELL MODIFICATION LOG

Well Name: USGS	5-101		Well ID No.: <u>550</u>	Start Date: <u>6/15/05</u>	End Date: 7/14/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: Anderson, Gordo	on, Jensen, Shibley, Cook	Logbook No.: ER-132-2005
Reason for modificati	ion: Replace pipe	, bail out well		El	evation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 ¼ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level .	Access Line Modification
Video Logs:	Yes No [Material:	Material:	Stainless steel
Γ	Date:		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performe Signatu	d By ure	Date

		Pump N	Modification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	
	Red to Yellow to	Bottom of Pump:	
	Green to	Inlet Depth:	
	Dto	Horse Power:	
	\$ 1 m one of the contract of t	Flow Rate:	
l w	s. c h a	Head:	
		Volts, Amps, KW:	
A c c e s	9	Phase:	
C e	L	Motor Leads Subm Cabl	
5 5	n e	Check Valve Removed:	Yes No
		Weep Hole Depth BLS:	
n e		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line			
Depth:ft	Pump Intake		
	Depth:ft		•
		Pump Test	
		Date:	Specific Capacity:
Discharge Line Material:	WL Access Line Capped: (yes) (no)		
WL Access Line Material:	Water Level (approx): ft		

WELL MODIFICATION LOG

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Well Name: USGS	5-104		Well ID No.: <u>553</u>	Start Date: 10/05/05	End Date: 10/18/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: Anderson, Gordon,	Jensen, Oberhansley	Logbook No.: <u>ER-113-2005</u>
Reason for modificat	ion: <u>Install new p</u>	ump		El	evation of Brass Cap:
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 ¼ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	585.3
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes 🛛 No [Material:	Material:	Stainless Steel
Γ	Date: 10/05		Diameter:	Diameter:	1 in.
Deviation Logs: Yes No			Height Above Ground: (Stick up) Height Above		Stick up)
Date:			Depth BLS:	Depth BLS:	564.3 ft
Other Geologic Logs	Yes No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performed I Signature		Date

Is this a pump replacement	Yes	\boxtimes	No		If Yes, was pump returned to original depth?	Yes		No	\boxtimes
----------------------------	-----	-------------	----	--	--	-----	--	----	-------------

	₩ L Access L-Fe	Discharge Line	A Property of the Control of the Con	(color/sy Black to Red to Yellow to Green to to	infiguration mbol)	
WL Access Lineft	cap			———Pump Intake Depth;		ft
Discharge Line Material: WL Access Line Material:				WL Access Line Capped: Water Level (approx):	(yes)	_ (no)

Pump Modification				
Гуре:	Submersible			
Manufacture:	Grundfos			
Model No.:	16S50-38			
Serial No.:	02D18010340			
Pump Length:	5.1 ft			
Гор of Pump:	5853 ft			
Bottom of Pump:	590.4 ft			
Inlet Depth:	588.6 ft			
Horse Power:	5			
Flow Rate:	16			
Head:				
Volts, Amps, KW:	230V,			
Phase:	3			
Motor Leads Subm Cable:				
Check Valve Removed:	☐ Yes ☐ No			
Weep Hole Depth BLS:				

Well Development

Date:	Method:
Comments:	

Pump Test

Date:	Specific Capacity:

WELL MODIFICATION LOG

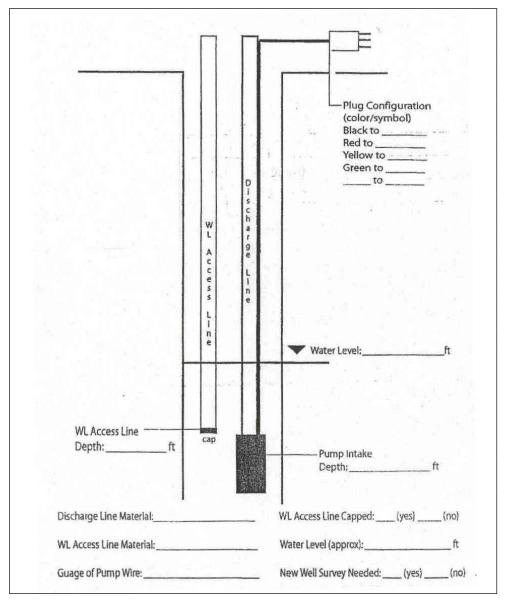
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Well Name: USGS	-110		Well ID No.: <u>559</u>	Start Date: 10/04/05	End Date: 10/13/05
Project Name: Sit	tewide Well Maintenar	nce for Fiscal Year 20	005 Installation team: Anderson, Jense	n, Oberhansley	Logbook No.: ER-113-2005
Reason for modificati	on: Install new pu	ump		El	evation of Brass Cap:
			_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 ½ in
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	611 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes 🛛 No 🛭		Material:	Material:	Stainless Steel
D	Date: 10/05		Diameter:	Diameter:	1 in
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	
Date:			Depth BLS:	Depth BLS:	586 ft
Other Geologic Logs:	Yes No				
D	Oate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performe Signat		Date
	i illiu i ype Na	inc	Signat	uic	

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Is this a pump replacement? Yes No If Yes, was pump returned to original depth? Yes No	Is this a pump replacement?	Yes 🛛 No 🗌	If Yes, was pump returned to original depth?	Yes 🗌 No 🛛
--	-----------------------------	------------	--	------------



Pump Mod	lification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	05B1803535
Pump Length:	5.1 ft
Top of Pump:	611 ft
Bottom of Pump:	616.1 ft
Inlet Depth:	614.3 ft
Horse Power:	5
Flow Rate:	16 gpm
Head:	
Volts, Amps, KW:	230V,
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	⊠ Yes □ No
Weep Hole Depth BLS:	

Well Development

Date:	Method:
Comments:	

Pump Test

Date:	Specific Capacity:

WELL MODIFICATION LOG

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Well Name: ICPP-	1782		Well ID No.: 1782	Start Date: 5/25/05	End Date: <u>5/25/05</u>
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H. J	ensen, J. Cook	Logbook No.: <u>ER-132-2005</u>
Reason for modificat	ion: Lower pump	10 ft		E	Elevation of Brass Cap:
Г	ı	ı	7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	486 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Date:			Diameter:	Diameter:	
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes 🗌 No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performed Signatu		Date

		Pump Mo	dification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration	Pump Length:	
	(color/symbol) Black to	Top of Pump:	486 ft
	Red toYellow to	Bottom of Pump:	4895 ft
	Green to	Inlet Depth:	488.5 ft
	to	Horse Power:	
	s .	Flow Rate:	
l w	a a	Head:	
l w	r I	Volts, Amps, KW:	
A	9 e	Phase:	
A C c e s	L	Motor Leads Subm Cable:	
5	n l	Check Valve Removed:	☐ Yes ☐
	•	Weep Hole Depth BLS:	
n e	Water Level:ft	Well Development	
	Water Level:it	Date:	Method:
		Comments:	
WL Access Line			
Depth:ft cap			
	Pump Intake Depth;ft		
		Pump Test	
		Date:	Specific Capac
Discharge Line Material:	WL Access Line Capped: (yes) (no)	Date.	Брестие Сарас
	The state of the s		
WL Access Line Material:	ft		

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Well Name: ICF	PP-1783		Well ID No.: 1783	Start Date: <u>5/25/05</u>	End Date: <u>5/25/05</u>
Project Name:	Sitewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H. J	ensen, J. Cook	Logbook No.: ER-132-2005
Reason for modific	cation: Lower pump	10 ft		F	Elevation of Brass Cap:
		T			
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	488.8 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Date:			Depth BLS:	Depth BLS:	
Other Geologic Lo	gs: Yes No [
	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performed Signatur		Date

		Pump Mod	dification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration	Pump Length:	
	(color/symbol) Black to	Top of Pump:	488.8 ft
	Red to	Bottom of Pump:	492.3 ft
	Green to	Inlet Depth:	491.3 ft
	D	Horse Power:	
	5. 4	Flow Rate:	
	s c h	Head:	
W L	a r	Volts, Amps, KW:	
A	9 6	Phase:	
A C C e S S	L	Motor Leads Subm Cable:	
5	n l	Check Valve Removed:	☐ Yes ☐
	e	Weep Hole Depth BLS:	
n e	₩ater Level:ft	Well Development	
4 - 4 - 10 - 10 - 1	vvater Level:n	Date:	Method:
		Comments:	
WL Access Line			
Depth:ft cap			
	Pump Intake Depth; ft		
	Deptil;	Pump Test	
		Date:	Specific Capac
	WL Access Line Capped: (yes) (no)	Date:	Specific Capac
Discharge Line Material:	(IV)		
Discharge Line Material:			
Discharge Line Material: WL Access Line Material;			

WELL MODIFICATION LOG

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Well Name: ICPP-	1800		Well ID No.: 1800	Start Date: 5/25/05	End Date: 5/25/05
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H.	Jensen, J. Cook	Logbook No.: <u>ER-132-2005</u>
Reason for modificati	on: Lower pump	10 ft		Elo	evation of Brass Cap:
			_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
Screen:			Depth BLS:	Depth BLS:	486.1 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Date:		Diameter:	Diameter:		
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)	
Date:		Depth BLS:	Depth BLS:		
Other Geologic Logs:	Yes No [
D	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Perform Signat		Date

			Pump Mod	dification
			Type:	
			Manufacture:	
			Model No.:	
			Serial No.:	
		Plug Configuration (color/symbol)	Pump Length:	
		Black to	Top of Pump:	486.1 ft
		Red toYellow to	Bottom of Pump:	489.6 ft
		Green to	Inlet Depth:	488.6 ft
	D	to	Horse Power:	
	s c h		Flow Rate:	
l w	h		Head:	
	11		Volts, Amps, KW:	
Acc	9 e		Phase:	
c	L		Motor Leads Subm Cable:	
5 5	n		Check Valve Removed:	☐ Yes ☐ No
	e		Weep Hole Depth BLS:	
i n			Well Development	
e		Water Level:ft	Date:	Method:
			Comments:	
W A C				
WL Access Line cap		- Particular		
Depth:It		Pump Intake		
		Depth;ft		
	素物理		Pump Test	
			Date:	Specific Capacity:
Discharge Line Material:	-	WL Access Line Capped: (yes) (no)		
WL Access Line Material:		Water Level (approx):ft		
Guage of Pump Wire:		New Well Survey Needed: (yes) (no)		

WELL MODIFICATION LOG

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Well Name: ICPP-	1829		Well ID No.: 1829	Start Date: <u>5/25/05</u>	End Date: <u>5/25/05</u>
Project Name: Sit	ewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H.	Jensen, J. Cook	Logbook No.: ER-132-2005
Reason for modification	on: Lower pump	10 ft		E	Elevation of Brass Cap:
		I	٦		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: ((Stick up)
Screen:			Depth BLS:	Depth BLS:	486.3 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes 🗌 No [Material:	Material:	
D	ate:		Diameter:	Diameter:	
Deviation Logs:	Yes 🗌 No [Height Above Ground: (Stick up)	Height Above Ground: ((Stick up)
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
D	ate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na	By	Performe Signati		Date

Is this a pump replacement? Yes \square No \boxtimes	If Yes, was pump returned to original depth? Yes $\ \square$ No $\ \square$		
		Pump Mod	lification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	486.3 ft
	Red to Yellow to	Bottom of Pump:	489.8 ft
	Green to	Inlet Depth:	488.8 ft
D.	to	Horse Power:	
5		Flow Rate:	
w h		Head:	
L r		Volts, Amps, KW:	
c e		Phase:	
c L		Motor Leads Subm Cable:	
s n		Check Valve Removed:	☐ Yes ☐ No
		Weep Hole Depth BLS:	
n e	- Wassing 6	Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
10			
WL Access Line			
Depth:ft cap			
осран к	Pump Intake		
	Depth;ft	D	
		Pump Test	g .m g
Discharge Line Material:	WL Access Line Capped: (yes) (no)	Date:	Specific Capacity:
Discharge tine Material.	WE Access citie capped(yes)(not		
WL Access Line Material:	Water Level (approx):ft		
Guage of Pump Wire:	New Wall Cream Needed (1997) (20)		
Guage of Pullip Wire:	New Well Survey Needed: (yes) (no) .		

WELL MODIFICATION LOG

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Well Name: ICPP-1	831		Well ID No.: 1831	Start Date: <u>5/25/05</u>	End Date: <u>5/25/05</u>
Project Name: Site	ewide Well Maintena	nce for Fiscal Year 20	Installation team: Anderson, Hayes	s, Jensen, Cook	Logbook No.: ER-132-2005
Reason for modification	on: Lower pump	10 ft		E	levation of Brass Cap:
			_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: ((Stick up)
Screen:			Depth BLS:	Depth BLS:	486 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Da	ate:		Diameter:	Diameter:	
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Ground: ((Stick up)
D	ate:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
D	ate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performe Signati		Date

		Pump Mod	lification
	F	Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	486 ft
	Red to	Bottom of Pump:	489.5 ft
	Green to	Inlet Depth:	488.5 ft
D	to	Horse Power:	
s c	La transfer of the second	Flow Rate:	
w h		Head:	
L i		Volts, Amps, KW:	1
A g e		Phase:	
A c L L s s n n e		Motor Leads Subm Cable:	
5 1		Check Valve Removed:	☐ Yes ☐ 1
		Weep Hole Depth BLS:	
L I n e		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line Depth: ft cap			
DeptiliIt	Pump Intake Depth; ft		
		Pump Test	
		Date:	Specific Capac
scharge Line Material:	WL Access Line Capped: (yes) (no)		
Access Line Material:	Water Level (approx):ft		

Well Name: ICPP-MON-P-001

WELL MODIFICATION LOG

Well ID No.: 1057

Start Date: 11/8/04

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End Date: <u>5/17/05</u>

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Project Name: Site	wide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H. Jer	nsen, J. Cook Lo	gbook No.: ER-199-2004
Reason for modification	n: Replace pum	р		Elevation of	Brass Cap:
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line (Riser	Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level Access I	ine Modification
Video Logs:	Yes No [Material:	Material:	
Da	te:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	
Da	te:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
Da	te:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
-	Performed E		Performed E		Date

Plug Configuration (color/symbol) Black to					
WL Access Line Depth:ft ft		L Acces	is charge Li	i Di	(color/symbol) Black to Red to Yellow to Green to
Depth:ft		L.I			₩ater Level:ft
Depth:ft	WI Access line				
Discharge Line Material: WL Access Line Capped:(yes)(no)		cap			Pump Intake Depth;ft
	Discharge Line Material:			31	WL Access Line Capped: (yes) (no)

Pump Modification					
Type:	Submersible				
Manufacture:	Rediflow3				
Model No.:	2343162604				
Serial No.:	03F18-23-3390				
Pump Length:	52 in.				
Top of Pump:	329.2 ft				
Bottom of Pump:	333.5 ft				
Inlet Depth:	332.2 ft				
Horse Power:	3				
Flow Rate:					
Head:					
Volts, Amps, KW:					
Phase:					
Motor Leads Subm Cable:					
Check Valve Removed:	☐ Yes ☐ No				
Weep Hole Depth BLS:					

weii Development	
Date:	Method:
Comments:	

Pump Test	Pump Test				
Date:	Specific Capacity:				

Well Name: ICPP-MON-P-019

WELL MODIFICATION LOG

Well ID No.: 1187

Start Date: 11/9/04

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End Date: 11/9/04

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Project Name: S	Sitewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson	ı, H. Jensen, J. Cook	Logbook No.: ER-199-2004
Reason for modifica	tion: Pull the pump	and line			Elevation of Brass Cap:
		Γ	7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge	Line (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Grou	und: (Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water L	evel Access Line Modification
Video Logs:	Yes No [Material:	Material:	
	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Grou	und: (Stick up)
	Date:		Depth BLS:	Depth BLS:	
Other Geologic Log	s: Yes No [
	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na			formed By ignature	Date

		Pump Moo	dification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	
	Red to Yellow to	Bottom of Pump:	
	Green to	Inlet Depth:	
	Dto	Horse Power:	
	S. P. Care Company of the Company	Flow Rate:	
W	C h a	Head:	
		Volts, Amps, KW:	
A C C e	9 e	Phase:	
Ce	L	Motor Leads Subm Cable:	
5 5	n l	Check Valve Removed:	☐ Yes ☐ No
L		Weep Hole Depth BLS:	
l n		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line			
Depth:ft cap			
- T	Pump Intake Depth;ft		
	Deptn;It	D Tord	
		Pump Test	g :c g :
Discharge Line Material:	WL Access Line Capped:(yes)(no)	Date:	Specific Capacity:
WL Access Line Material:	Water Level (approx):ft		
	New Well Survey Needed: (yes) (no) .		

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WELL MODIFICATION LOG

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Well Name: ICPP-	MON-P-024		Well ID	No.: 1093	Start Date: <u>10/25/04</u>	End Date: 10/25/05
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 2	005 Installation team: Je	nsen, Anderson	Log	gbook No.: ER-199-2004
Reason for modificati	on: Pump to be lo	owered 3 feet			Elevation of I	Brass Cap:
Well Description	Satisfactory	Needs Repair	Protective Cas	sing	Discharge Line (Riser I	Pipe) Modification
Casing condition:			Material:		Material:	
Concrete Pad:	\boxtimes		Diameter:		Diameter:	
Guard Post:	\boxtimes		Height Above Ground: (Stick up)		Height Above Ground: (Stick up)	
Screen:			Depth BLS:		Depth BLS:	72.9 ft
Loc and Cap:						
			Surface Casi	ng	Water Level Access L	ine Modification
Video Logs:	Yes No [Material:		Material:	
D	Pate:		Diameter:		Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)		Height Above Ground: (Stick up)	
D	ate:		Depth BLS:		Depth BLS:	
Other Geologic Logs:	Yes No [
D	ate:		Well Casin	g	\neg	
			Material:			
			Diameter:			
			Height Above Ground: (Stick up)			
			Depth BLS:			

Performed Print/Type Name Performed By Signature Date

		Pump	Modification
	=	Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration	Pump Length:	
	color/symbol) Black to	Top of Pump:	72.9 ft.
	Red to	Bottom of Pump:	
	Green to	Inlet Depth:	
0	to	Horse Power:	
5 5	in to the second	Flow Rate:	
W h		Head:	
		Volts, Amps, KW:	
A g	fig. in the second second	Phase:	
A c L L I S n e	The second second	Motor Leads Subm Cal	ole:
s n	And San Area .	Check Valve Removed	: Yes No
5 e		Weep Hole Depth BLS	
			•
n e		Well Development	t
Water Le	vel:ft	Date:	Method:
		Comments:	
	2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
WL Access Line cap			
DANTH: ## BRITISHE	Intake		
Depth	ft ft		
		Pump Test	
The second secon		Date:	Specific Capacit
charge Line Material: WL Access Line C	apped: (yes) (no)		Specific cupuci
	The state of the s		
Access Line Material: Water Level (app	rox):ft		
ge of Pump Wire: New Well Survey	Needed: (yes) (no) .		

WELL MODIFICATION LOG

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Well Name: PW-3			Well ID No.: <u>259</u>	Start Date: 5/24/05	End Date: <u>5/24/05</u>
Project Name: Si	tewide Well Maintena	ince for Fiscal Year 20	Installation team: T. Anderson,H. Je	ensen, J. Cook Log	gbook No.: ER-132-2005
Reason for modificati	on: Install pipe,	pump		Elevation of	Brass Cap:
		1	7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line (Riser	Pipe) Modification
Casing condition:			Material:	Material:	Stainless steel
Concrete Pad:			Diameter:	Diameter:	1 ¼ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	25.25 in.
Screen:			Depth BLS:	Depth BLS:	354.9 ft
Loc and Cap:					
			Surface Casing	Water Level Access L	ine Modification
Video Logs:	Yes 🗌 No		Material:	Material:	Stainless steel
Г	ate:		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes 🗌 No		Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	25.25 in.
Г	ate:		Depth BLS:	Depth BLS:	334.9 ft
Other Geologic Logs:	Yes 🗌 No				
Г	ate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed I Print/Type N		Performed Signatur		Date

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		WL Access Li	Discharge Line	9	Plug Configuration (color/symbol) Black to Red to Yellow to to	
		n e			Water Level:ft	
WL Access Line — Depth:	ft	cap			Pump Intake Depth;ft	
Discharge Line Material:				-	WL Access Line Capped: (yes) (no)	
WL Access Line Material	ŀ				Water Level (approx):ft	

Pump Modification					
Type:	Submersible				
Manufacture:	Grundfos				
Model No.:	16S50-38				
Serial No.:					
Pump Length:	61 in.				
Top of Pump:	354.9 ft				
Bottom of Pump:	359.9 ft				
Inlet Depth:	357.9 ft				
Horse Power:	5				
Flow Rate:	16				
Head:					
Volts, Amps, KW:					
Phase:	3				
Motor Leads Subm Cable:					
Check Valve Removed:	Yes No				
Weep Hole Depth BLS:					

Well Development

Date:	Method:
Comments:	

Pump Test						
Date:	Specific Capacity:					

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WELL MODIFICATION LOG

Well Name: <u>USGS</u>	-047		Well II	O No.: <u>496</u>	Start Date: <u>9/29/05</u>	End Date: 10/5/05
Project Name: Sit	ewide Well Maintenar	nce for Fiscal Year 20	005 Installation team:	Anderson, Gordon, Jense	n, Oberhansley L	ogbook No.: ER-113-2005
Reason for modificati	on: Extend the we	ell casing, replace pur	mp		Elevation o	f Brass Cap:
			7			
Well Description	Satisfactory	Needs Repair	Protective C	asing	Discharge Line (Riser	Pipe) Modification
Casing condition:			Material:		Material:	
Concrete Pad:			Diameter:		Diameter:	
Guard Post:			Height Above Ground: (Stick up)		Height Above Ground: (Stick up)	
Screen:			Depth BLS:		Depth BLS:	
Loc and Cap:						
			Surface Ca	sing	Water Level Access	Line Modification
Video Logs:	Yes No		Material:		Material:	
D	ate:		Diameter:		Diameter:	
Deviation Logs:	Yes No		Height Above Ground: (Stick up)		Height Above Ground: (Stick up)	
D	ate:		Depth BLS:		Depth BLS:	
Other Geologic Logs:	Yes No					·
D	ate:		Well Casi	ng		
			Material:			
			Diameter:	6 in.		
			Height Above Ground: (Stick up)	4 in. below grade		
			Depth BLS:			
	Performed B Print/Type Na			Performed By Signature		Date

Guage of Pump Wire:_

is this a pump replacement?	No No		1 10	s, was pump returned to original depth? Yes	□ N0 △
	WL Access Line	Discharge Line	A 61 w	Plug Configuration (color/symbol) Black to Red to Yellow to Green to to	
WL Access Line Depth:ft	Cap			Pump Intake Depth;ft	
Discharge Line Material:			V	VL Access Line Capped: (yes) (no)	
WL Access Line Material:			١	Water Level (approx):ft	

Pump Mod	dification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	05B18150830
Pump Length:	5.1 ft
Top of Pump:	483.0 ft
Bottom of Pump:	488.1 ft
Inlet Depth:	486.0 ft
Horse Power:	5
Flow Rate:	16
Head:	
Volts, Amps, KW:	230 V, 15.9 Amps
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	

Well Development					
Date:	Method:				
Comments:					
	-				

Pump Test					
Date:	Specific Capacity:				

New Well Survey Needed: ____ (yes) _____ (no) .

WELL MODIFICATION LOG

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Well Name: USGS	-050		Well ID No.: 499	Start Date: 11/4/04	End Date: 11/5/04
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H. Jo	ensen, J. Cook	Logbook No.: ER-199-2004
Reason for modificati	on: Replace Pum	ıp		Ele	vation of Brass Cap:
		T	٦		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (St	tick up) Raised to 3.65 ft
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level A	access Line Modification
Video Logs:	Yes No [Material:	Material:	
D	Date:		Diameter:	Diameter:	
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Ground: (St	tick up)
D	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
D	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed F		Performed Signatur		Date

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	П	Γ	1	E
	W L Access Line	Disch arge		Plug Configuration (color/symbol) Black to Red to Yellow to Green to to
WL Access Line				
Depth:f	t cap			Pump Intake Depth;ft
Discharge Line Material:				WL Access Line Capped: (yes) (no)
WL Access Line Material:				Water Level (approx):ft

Pump Modification			
Type:	Submersible		
Manufacture:	Grundfos		
Model No.:	10S30-34		
Serial No.:	04B064020		
Pump Length:	55 in.		
Top of Pump:	386.7 ft		
Bottom of Pump:	391.2 ft		
Inlet Depth:	389.4 ft		
Horse Power:	3		
Flow Rate:			
Head:			
Volts, Amps, KW:	230 V		
Phase:			
Motor Leads Subm Cable:			
Check Valve Removed:	☐ Yes ☐ No		
Weep Hole Depth BLS:			

Well Development

Date:

Comments:

Method:

Pump Test	•		
Date:	Specific Capacity:		

WELL MODIFICATION LOG

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Well Name: USGS	-052		Well ID No.: 501	Start Date: 11/9/05	End Date: 11/9/05
Project Name: Sitewide Well Maintenance for Fiscal Year 20		Installation team: H. Jensen, L. Ros	serio, J. Cook	Logbook No.: ER-199-2004	
Reason for modificati	on: Remove pum	p and pipeline. Repla	ce pump.	I	Elevation of Brass Cap:
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lir	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Date:			Diameter:	Diameter:	
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)	
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
Г	Pate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performer Signatu		Date

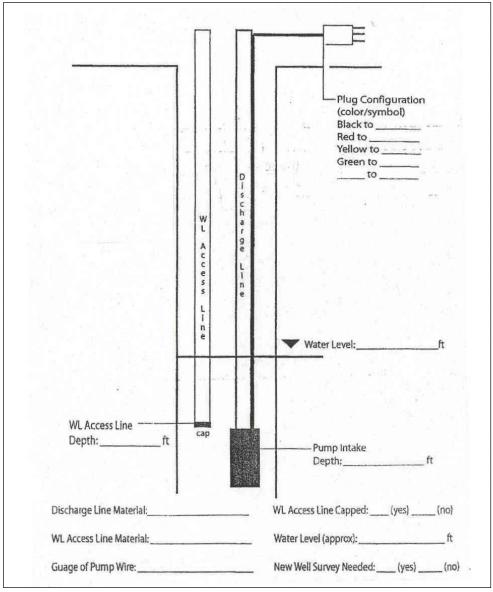
		Pump Modificat	
		Type:	Submersible
		Manufacture:	Grundfos
		Model No.:	16S50-38
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	
	Red to	Bottom of Pump:	
	Green to	Inlet Depth:	
	to	Horse Power:	
	s. A lane of the second	Flow Rate:	
l w	s c h a a	Head:	
	r II	Volts, Amps, KW:	
A	9 6	Phase:	
A C C e s s	L	Motor Leads Subm Cable:	
5 5	n e	Check Valve Removed:	☐ Yes ☐
		Weep Hole Depth BLS:	
		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line			
Depth:ft cap	Pump Intake		
	Depth;ft		
		Pump Test	
		Date:	Specific Cap
Discharge Line Material:	WL Access Line Capped: (yes) (no)		
	, , , , , , , , , , , , , , , , , , , ,		1

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WELL MODIFICATION LOG

Well Name: USGS	3-059		Well ID No.: 508	Start Date: 10/26/04	End Date: 10/28/04
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: h. Jensen, Tony A	Anderson	Logbook No.: Er-199-2004
Reason for modificat	ion: Replace pum	p and galvanized pipe	,	Ele	vation of Brass Cap:
	T	ı	٦		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 ¼ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (St	tick up)
Screen:			Depth BLS:	Depth BLS	477 ft
Loc and Cap:					
			Surface Casing	Water Level A	Access Line Modification
Video Logs:	Yes No [Material:	Material:	Stainless Steel
Ι	Date:		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (St	tick up)
Ι	Date:		Depth BLS:	Depth BLS:	467 ft
Other Geologic Logs	: Yes 🗌 No [
Ι	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performed Signatu		Date

Is this a pump replacement?	Yes	\boxtimes	No		If Yes, was pump returned to original depth?	Yes		No	\boxtimes
-----------------------------	-----	-------------	----	--	--	-----	--	----	-------------



Pump Mod	dification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04E18 24-0745
Pump Length:	5 ft
Top of Pump:	477 ft
Bottom of Pump:	482 ft
Inlet Depth:	480 ft
Horse Power:	5
Flow Rate:	23 gpm
Head:	
Volts, Amps, KW:	230/15.9
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	Yes No
Weep Hole Depth BLS:	

Well Development

Date:	Method:
Comments:	

Pump Test

Date:	Specific Capacity:

WELL MODIFICATION LOG

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Well Name: USGS	-067		Well ID No.: 516	Start Date: 10/28/04	End Date: 11/29/04
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: Hayes Jensen, To	ony Anderson, Joe Cook	Logbook No.: ER-199-2004
Reason for modificati	on: Replace pum	р			Elevation of Brass Cap:
			_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Leve	l Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Γ	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Γ	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
Γ	Pate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Transcribed from	logbook			
	Performed E	Ву	Performer		Date
	Print/Type Na	ine	Signatu	ie	

WL Access Line Depth: ____

Discharge Line Material:

WL Access Line Material:_

Guage of Pump Wire:_

ПГ		
WL Access Line	Plug Configuration (color/symbol) Black to Red to Yellow to to ter Level:ft	

Pump Intake Depth;____

WL Access Line Capped: ____ (yes) __

New Well Survey Needed: ____ (yes) ___

Water Level (approx):_

Pump Mo	dification
Туре:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04f18 08-0835
Pump Length:	5.1 ft
Top of Pump:	490 ft
Bottom of Pump:	495.1 ft
Inlet Depth:	487.4 ft
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	

Well Developme Date:	Method:	
Comments:		

Pump Test	
Date:	Specific Capacity:

WELL MODIFICATION LOG

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Well Name: USGS	5-122		Well ID No.: <u>571</u>	Start Date: 10/28/04	End Date: 10/28/04
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: H. Jensen, T. And	lerson, J. Cook	Logbook No.: ER-199-2004
Reason for modificati	ion: Pull Pump, p	ipeline		El	evation of Brass Cap:
	I	I			
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes 🗌 No [Material:	Material:	
Date:			Diameter: .	Diameter:	
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na	By	Performed Signatur		Date

WELL MODIFICATION LOG

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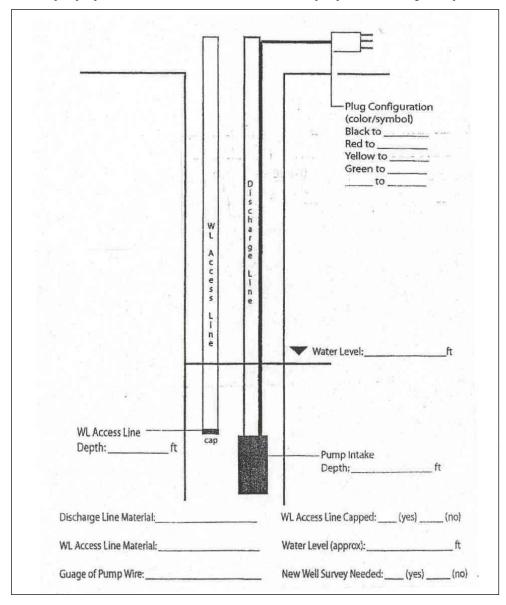
		Pump Moo	dification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	└─Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	
	Red to Yellow to	Bottom of Pump:	
	Green to	Inlet Depth:	
	pto	Horse Power:	
	5 14 1 2a 1 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2	Flow Rate:	
w	c h a	Head:	
1		Volts, Amps, KW:	
A	9 e	Phase:	
c c e s	L .	Motor Leads Subm Cable:	
5 5	n l	Check Valve Removed:	☐ Yes ☐ No
		Weep Hole Depth BLS:	
l i		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line cap			
Depth:ft	Pump Intake		
	Depth;ft		
		Pump Test	
		Date:	Specific Capacity
Discharge Line Material:	WL Access Line Capped: (yes) (no)		
Discharge Line Material:WL Access Line Material:	, , , , , , , , , , , , , , , , , , , ,		

WELL MODIFICATION LOG

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Well Name: USGS	-131		Well ID No.: 1837	Start Date: 10/05/05	End Date: 10/25/05
Project Name: Sit	ewide Well Maintena	nce for Fiscal Year 20	Installation team: Anderson, Peck, R	Rosario, Oberhansley	Logbook No.: ER-113-2005
Reason for modification	on: Clean out W	ell		Ele	evation of Brass Cap:
		I	٦		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 ¼ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
Screen:			Depth BLS:	Depth BLS:	610.4 ft
Loc and Cap:					
			Surface Casing	Water Level A	Access Line Modification
Video Logs:	Yes 🛛 No [Material:	Material:	Stainless Steel
D	ate: 10/17/05		Diameter:	Diameter:	1 in.
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
Date:			Depth BLS:	Depth BLS:	599.8 ft
Other Geologic Logs:	Yes 🗌 No [
D	ate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed F Print/Type Na		Performed Signatur		Date

Is this a pump replacement?	Yes	\boxtimes	No		If Yes, was pump returned to original de	th? Ye	es 🗌	No	\boxtimes
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Pump Modification					
Type:	Submersible				
Manufacture:	Grundfos				
Model No.:	16S50-38				
Serial No.:	O5D18 14 2650				
Pump Length:	5.1 ft				
Top of Pump:	610.4 ft				
Bottom of Pump:	615.5 ft				
Inlet Depth:	613.7 ft				
Horse Power:	5				
Flow Rate:	16				
Head:					
Volts, Amps, KW:					
Phase:	3				
Motor Leads Subm Cable:					
Check Valve Removed:	⊠ Yes □ No				
Weep Hole Depth BLS:					

Well Development

Pump Test

Date:	Specific Capacity:

WELL MODIFICATION LOG

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Well Name: CFA-	1931		Well ID No.: 1931	Start Date: 10/27/05	End Date: 10/27/05		
Project Name: Si	tewide Well Maintenar	nce for Fiscal Year 20	Installation team: T. Anderson, L. Ro	osario, G. Oberhansley	Logbook No.: ER-113-2005		
Reason for modificat	ion: Replace Pum	р		E	levation of Brass Cap:		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification		
Casing condition:			Material:	Material:			
Concrete Pad:			Diameter:	Diameter:			
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)		
Screen:			Depth BLS:	Depth BLS:			
Loc and Cap:							
			Surface Casing	Water Level	Access Line Modification		
Video Logs:	Yes 🗌 No 🕻		Material:	Material:			
Date:			Diameter:	Diameter:			
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Stick up)			
Date:			Depth BLS:	pth BLS: Depth BLS:			
Other Geologic Logs	Yes No						
Γ	Date:		Well Casing				
			Material:				
			Diameter:				
			Height Above Ground: (Stick up)				
			Depth BLS:				
	Performed B Print/Type Na	y me	Performed Signature	By	Date		

Is this a nump replacement?	Yes	\boxtimes	No	П	If Yes, was pump returned to original denth?	Yes	\boxtimes	No	П	

	W L Acces	Discharge Lin	P 0:	Plug Configuration (color/symbol) Black to Red to Yellow to Green to to	
	s L n e	e		Water Level:	_ft
WL Access Lineft	cap			Pump Intake Depth;ft	
Discharge Line Material:				WL Access Line Capped: (yes) Water Level (approx):	
Guage of Pump Wire:				New Well Survey Needed: (yes)	

Pump Modification					
Type:	Submersible				
Manufacture:	Grundfos				
Model No.:	16S50-38				
Serial No.:	05B181135				
Pump Length:	61 in.				
Top of Pump:	505 ft				
Bottom of Pump:	510.1 ft				
Inlet Depth:	508.3 ft				
Horse Power:	5				
Flow Rate:	16gpm				
Head:					
Volts, Amps, KW:					
Phase:	3				
Motor Leads Subm Cable:					
Check Valve Removed:	☐ Yes ☐ No				
Weep Hole Depth BLS:					
Well Development					
Date:	Method:				
Comments:					

vv ch Development	
Date:	Method:
Comments:	

Pump Test		
Date:	Specific Capacity:	

WELL MODIFICATION LOG

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Well Name: FIRE	STATION WELL		Well ID No.: <u>158</u>	Start Date: 12/3/04	End Date: 3/22/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	005 Installation team:		Logbook No.: ER-132-2005
Reason for modificat	ion: Install water	level access line		Elev	vation of Brass Cap:
	T	T	٦		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (St	ick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level A	ccess Line Modification
Video Logs:	Yes 🛛 No [Material:	Material:	Stainless steel
I	Date: 3/21/05		Diameter:	Diameter:	1 in
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (St	ick up) 2.1 ft
I	Date:		Depth BLS:	Depth BLS:	449.1 ft
Other Geologic Logs	: Yes \(\subseteq \text{No [}				
I	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Perform Signat		Date

Guage of Pump Wire:__

	Discharge Line WL Access Line	Plug Configuration (color/symbol) Black to Red to Yellow to Green to to Water Level: ### Water Level: ###################################	
WL Access Lineft	cap	Pump Intake Depth;ft	

Type: submersible Manufacture: Hitachi Model No.: G89947E Serial No.: Pump Length: 6 ft Top of Pump: 480.8 ft Bottom of Pump: 486.8 ft Inlet Depth: 483.9 ft
Model No.: G89947E Serial No.: 6 ft Pump Length: 480.8 ft Bottom of Pump: 486.8 ft
Serial No.: 6 ft Pump Length: 480.8 ft Bottom of Pump: 486.8 ft
Pump Length: 6 ft Top of Pump: 480.8 ft Bottom of Pump: 486.8 ft
Top of Pump: 480.8 ft Bottom of Pump: 486.8 ft
Bottom of Pump: 486.8 ft
Inlet Depth: 483.9 ft
Horse Power: 15
Flow Rate: 85
Head:
Volts, Amps, KW: 21/42/ Amps
Phase: 3
Motor Leads Subm Cable:
Check Valve Removed: Yes
Weep Hole Depth BLS:
Well Development
Date: Method:
Comments:

Pump Test	
Date:	Specific Capacity:

New Well Survey Needed: ____ (yes) _____ (no) .

WELL MODIFICATION LOG

Use with MCP-3480

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Well Name: ICPP-	MON-A-164B		Well ID No.: 1349	Start Date: 11/30/04	End Date: 3/21/05
Project Name: Sit	ewide Well Maintena	ince for Fiscal Year 20	Installation team: Tony Anderson, T.	Anderson, H. Jensen, J. Cook	Logbook No.: ER-132-2005
Reason for modificati	on: Blow out we	ll, replace pump		Eld	evation of Brass Cap:
		1			
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level A	Access Line Modification
Video Logs:	Yes 🗌 No [Material:	Material:	
D	ate:		Diameter:	Diameter:	
Deviation Logs:	Yes 🗌 No [Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
D	ate:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes 🗌 No [
D	ate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed F Print/Type Na		Performed E Signature	Зу	Date

WELL MODIFICATION LOG

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		Pump Mo	odification
		Type:	Subnmersible
		Manufacture:	Grundfos
		Model No.:	Rediflow 2
		Serial No.:	96033715
	Plug Configuration (color/symbol)	Pump Length:	37.75 in.
	Black to	Top of Pump:	
	Red toYellow to	Bottom of Pump:	
	Green to	Inlet Depth:	
	toto	Horse Power:	1
	5	Flow Rate:	
w	c h a	Head:	
	r II	Volts, Amps, KW:	
A	9 e	Phase:	1
A c c e s	L	Motor Leads Subm Cable:	
5 5	n e	Check Valve Removed:	Yes No
		Weep Hole Depth BLS:	
l in		Well Development	
e	Water Level:ft	Date:	Method:
		Comments:	- Ivictiou.
VL Access Line			
epth:ft cap			
	Pump Intake Depth;ft		
	Deptil,	Pump Test	
		Date:	Specific Capaci
arge Line Material:	WL Access Line Capped: (yes) (no)		Speeme cupuer
Access Line Material:	Water Level (approx): ft		
A STATE OF THE STA			

WELL MODIFICATION LOG

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Well Name: ICPP	-MON-A-164C		Well ID No.: 1350	Start Date: <u>6/8/05</u>	End Date: <u>6/8/05</u>
Project Name: S	itewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, D Go	rdon, H. Jensen, J. Cook	Logbook No.: <u>ER-132-2005</u>
Reason for modificat	tion: Remove pum	p and pipe. Install pur	np		Elevation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Leve	l Access Line Modification
Video Logs:	Yes No [Material:	Material:	
]	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
]	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes No [
]	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performed E Signature		Date

Is this a pump replacement?	Yes	№ П	If Yes, was pump returned to original depth?	Yes [□ No	\boxtimes
is this a paint replacement.	1 05	110	ii i es, was pump returned to original depth.	105 [

	₩L Access L-пe	Discharge Line	B.	Plug Configuration (color/symbol) Black to	
WL Access Line ————————————————————————————————————	cap			Pump Intake Depth;	ft
Discharge Line Material:				WL Access Line Capped: (yes)	(no)

Pump Mod	dification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	230 S 400-12
Serial No.:	
Pump Length:	9 ft
Top of Pump:	509.8 ft
Bottom of Pump:	518.8 ft
Inlet Depth:	515.1 ft
Horse Power:	40
Flow Rate:	230
Head:	
Volts, Amps, KW:	480 V
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	
Well Development	
Date:	Method:
Comments:	
Pump Test	
Date:	Specific Capacity:

WELL MODIFICATION LOG

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Well Name: ICPP	-MON-A-166		Well ID No.: 1352	Start Date: 10/25/04	End Date: 10/26/04
Project Name: Si	itewide Well Maintena	nce for Fiscal Year 20	Installation team: L. Rosario, H. Je	nsen, T. Anderson	Logbook No.: <u>ER-199-2004</u>
Reason for modificat	tion:			E	levation of Brass Cap:
		I	٦		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	521.43 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
I	Date:		Diameter:	Diameter:	
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	
I	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes \[\] No [
I	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performe Signatu		Date

Guage of Pump Wire:_

☐ No ⊠

			П		
	WL Access Line		Discharge Line		Plug Configuration (color/symbol) Black to Red to Yellow to to Water Level:ft
		4,745		i i	
WL Access Line Depth:ft	сар				Pump Intake Depth; ft
Discharge Line Material:					VL Access Line Capped: (yes) (no)

Pump Modification				
Type:	submersible			
Manufacture:	Grundfos			
Model No.:	16S50-38			
Serial No.:	04F I8 020700			
Pump Length:	62 in			
Top of Pump:	521.43			
Bottom of Pump:	526.53 ft			
Inlet Depth:	524.43 ft			
Horse Power:	5			
Flow Rate:	16			
Head:				
Volts, Amps, KW:	230 V, 15.9 A			
Phase:	3			
Motor Leads Subm Cable:				
Check Valve Removed:	☐ Yes ☐ No			
Weep Hole Depth BLS:				

Well Development	
Date:	Method:
Comments:	

Pump Test	
Date:	Specific Capacity:

New Well Survey Needed: ____ (yes) ____

WELL MODIFICATION LOG

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Well Name: ICPP-	MON-A-167		Well ID No.: 1383	Start Date: 4/6/05	End Date: <u>4/7/05</u>
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: L. Rosario, H. Je	nsen, T. Anderson	Logbook No.: ER-113-2005
Reason for modificat	ion: Replace pum	p		I	Elevation of Brass Cap:
	T	Γ	٦		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	497.3 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
I	Date:		Diameter:	Diameter:	
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)	
I	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes \[\] No [
Ι	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performed Signatu		Date

Is this a pump replacement? Yes No If Yes, was pump re	returned to original depth? Yes \(\square\) No \(\square\)
--	--

				Г	
	WL Access L-ne		Discharge Line	8	Plug Configuration (color/symbol) Black to Red to Yellow to Green to to
WL Access Lineft	cap	A CONTRACTOR OF THE PERSON OF			Pump Intake Depth;ft
			1		WL Access Line Capped: (yes) (no)
WL Access Line Material:					Water Level (approx):ft New Well Survey Needed:(yes)(no

Pump Modi	fication
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	
Pump Length:	5.1 ft
Top of Pump:	497.3 ft
Bottom of Pump:	502.4 ft
Inlet Depth:	500.6 ft
Horse Power:	5
Flow Rate:	16 gpm
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	
Well Development	
Date:	Method:
Comments:	
Pump Test	
Date:	Specific Capacity:

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WELL MODIFICATION LOG

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Well Name: ICPP-	MON-V-212		Well ID No.: 1425	Start Date: 10/31/05	End Date: 11/10/05
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 20	Installation team: Jensen, Anderson	4	Logbook No.: <u>ER-113-2004</u>
Reason for modificati	on: <u>Install pump</u>			Elev	ation of Brass Cap:
		T	٦		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line (Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	½ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Sti	ck up)
Screen:			Depth BLS:	Depth BLS:	242.9 ft
Loc and Cap:					
			Surface Casing	Water Level A	ccess Line Modification
Video Logs:	Yes 🛛 No 🗆		Material:	Material:	
D	Date: 11/4/05		Diameter:	Diameter:	
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground: (Sti	ck up)	
D	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
D	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed Print/Type Na		Performed Signatur		Date

WELL MODIFICATION LOG

s this a pump replacement? Yes	No 🗆	If Yes, was pump returned to original depth? Yes \(\square\) No
	Dischar ge Line	
WL Access Line ————————————————————————————————————		Pump Intake Depth;ft
Discharge Line Material:		The state of the s
WL Access Line Material:		ft
Guage of Pump Wire:		New Well Survey Needed: (yes) (no) .

Pump Mod	dification
Type:	Submersibl
Manufacture:	Grundfos
Model No.:	10S30-34
Serial No.:	05D 18 1665
Pump Length:	51.5 in.
Top of Pump:	242.9 ft
Bottom of Pump:	247.2 ft
Inlet Depth:	245.7 ft
Horse Power:	3
Flow Rate:	10
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Ween Hole Denth BLS:	

Well Development	
Date:	Method:
Comments:	

Specific Capacity:

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WELL MODIFICATION LOG

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Well Name: Wat	er Supply for INEL-1		Well ID No.:	595	Start Date: 11/24/04	End Date: <u>5/10/05</u>
Project Name:	Sitewide Well Maintena	nce for Fiscal Year 20	Installation team: T. And	erson, H. Jensen, J. C	Cook Log	gbook No.: ER-132-2005
Reason for modification	ation: Clean out we	ll deposits and replac	e the pump and pipe.		Elevation of I	Brass Cap:
Г	T		7			
Well Description	Satisfactory	Needs Repair	Protective Casing		Discharge Line (Riser I	Pipe) Modification
Casing condition:			Material:		Material:	
Concrete Pad:			Diameter:		Diameter:	
Guard Post:			Height Above Ground: (Stick up)		Height Above Ground: (Stick up)	
Screen:			Depth BLS:		Depth BLS:	480.4 ft
Loc and Cap:						
			Surface Casing		Water Level Access L	ine Modification
Video Logs:	Yes 🛛 No [Material:		Material:	
	Date: 11/24/04, 5/10/05	5	Diameter:		Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)		Height Above Ground: (Stick up)	
	Date:		Depth BLS:		Depth BLS:	
Other Geologic Log	gs: Yes 🗌 No [
	Date:		Well Casing		_	
			Material:			
			Diameter:			
			Height Above Ground: (Stick up)			
			Depth BLS:			
	Performed B Print/Type Na			Performed By Signature		Date

is this a pump replacement. Tes y and y in the pump returned to original depth. Tes y and y	Is this a pump replacement?	Yes 🛛 No	☐ If Yes, was	pump returned to original depth?	Yes [☐ No	\boxtimes
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	WL Access Line	Discharge Line	. 6	Plug Configuratio (color/symbol) Black to Red to Yellow to Green to to Water Level:	
WL Access Lineft	cap			Pump Intake Depth;	_ft
Discharge Line Material: WL Access Line Material: Guage of Pump Wire:			,	WL Access Line Capped: (yes) Water Level (approx):	

Pump M	odification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	B10110038
Pump Length:	61 in
Top of Pump:	480.4 ft
Bottom of Pump:	485.1
Inlet Depth:	483 ft
Horse Power:	5
Flow Rate:	16 gpm
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	
Well Development	
Date:	Method:
Comments:	
Pump Test	
Date:	Specific Capacity:

WELL MODIFICATION LOG

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Well Name: MIDI	DLE-1823		Well ID No.: 1823	Start Date: <u>6/9/05</u>	End Date: <u>6/9/05</u>
Project Name: Si	tewide Well Maintena	ance for Fiscal Year 20	Installation team: T. Anderson, D.	Gordon, H. Jensen	Logbook No.: <u>ER-132-2005</u>
Reason for modificat	ion: <u>Install pump</u>				Elevation of Brass Cap:
	T	1	7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Leve	l Access Line Modification
Video Logs:	Yes No [Material:	Material:	
I	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Ι	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes 🗌 No [
Ι	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed F Print/Type Na		Performed Signatu		Date

Is this a pump replacement? Yes 🛛 No 🔲 If Yes, was pump return	urned to original depth? Yes	\boxtimes	No	
--	------------------------------	-------------	----	--

	\Box					
	WL Access Line		Discharge Line	A 81 W	Red to Yellow to Green to to _	nbol)
					Water Level:	ft
WL Access Line	cap	les.	-		No.	
Depth:ft					Pump Intake	
					Depth;	ft
				S.		
Discharge Line Material:				1	I WL Access Line Capped:	_(yes)(no)
WL Access Line Material:			_	,	Water Level (approx):	ft
Tre rice and cline marchan						

Pump Modification				
Type:	submersible			
Manufacture:	Grundfos			
Model No.:	16S50-38			
Serial No.:	04H18 18 0880			
Pump Length:	5 ft			
Top of Pump:				
Bottom of Pump:				
Inlet Depth:				
Horse Power:	5			
Flow Rate:				
Head:				
Volts, Amps, KW:	15.9 Amps			
Phase:	•			
Motor Leads Subm Cable:				
Check Valve Removed:	☐ Yes ☐ No			
Weep Hole Depth BLS:				
Well Development				
Date:	Method:			
Comments:				
Pump Test				
Date:	Specific Capacity:			
	1			

WELL MODIFICATION LOG

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Use with MCP-3480

Well Name: TRA-	08		Well ID No.: <u>732</u>	Start Date: 10/4/05	End Date: 10/31/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team:		Logbook No.: ER-113-2005
Reason for modificati	ion: Replace pum	p, clean out well.		Ele	evation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 1/4 in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
Screen:			Depth BLS:	Depth BLS:	492.9 ft
Loc and Cap:					
			Surface Casing	Water Level A	Access Line Modification
Video Logs:	Yes 🛛 No [Material:	Material:	Stainless Steel
Date: 10/18/05			Diameter:	Diameter:	1 in.
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
Date:			Depth BLS:	Depth BLS:	483 ft
Other Geologic Logs:	: Yes 🗌 No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na	By time	Performed Signatur		Date

WELL MODIFICATION LOG

	_ [7					
		WL Access		Discharge Line		Plug Configuration (color/symbol) Black to Red to Yellow to to	
		L I n e		1		₩ Water Level:ft	
WL Access Lineft		ap				Pump Intake Depth;ft	
Discharge Line Material:	1		_		,	WL Access Line Capped: (yes) (no)	
WL Access Line Material:					,	Water Level (approx):ft	

Pump Mod	dification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	10S30-34
Serial No.:	05A18 17 1320
Pump Length:	4.5 ft
Top of Pump:	492.9 ft
Bottom of Pump:	497.2 ft
Inlet Depth:	495.6 ft
Horse Power:	3
Flow Rate:	10 gpm
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	⊠ Yes □ No
Weep Hole Depth BLS:	

Well Development	
Date:	Method:

Comments:	

Pump Test

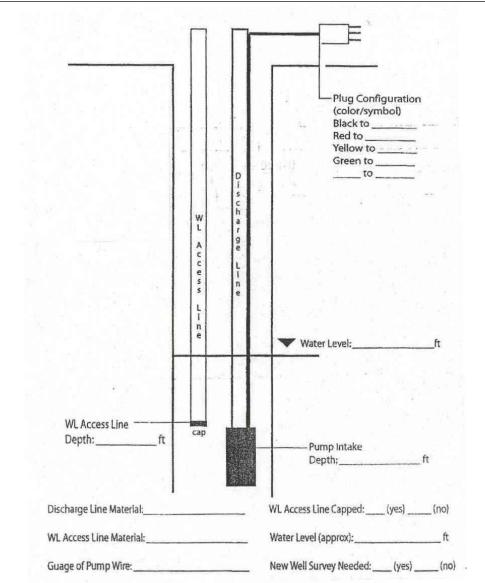
Date:	Specific Capacity:

WELL MODIFICATION LOG

Rev. 03 Use with MCP-3480

Well Name: USGS-	-038		Well ID No.: 487	Start Date: 10/03/05	End Date: 10/24/05
Project Name: Site	ewide Well Maintena	nce for Fiscal Year 20	Installation team: Anderson, Peck,	Rosario, Oberhansley	Logbook No.: <u>ER-113-2005</u>
Reason for modification	on: Clean out ob	struction, replace pun	np	E	levation of Brass Cap:
		I			
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 ½ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	644.6 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes 🛛 No [Material:	Material:	Stainless Steel
Da	ate: 10/5/05		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes 🛛 No [Height Above Ground: (Stick up)	Height Above Ground: ((Stick up)
Da	ate: 10/5/05		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes 🛛 No [
Da	ate: 10/5/05		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed I Print/Type Na	By name	Performe Signati		Date

Is this a pump replacement?	Yes	\boxtimes	No	If Yes, was pump returned to original depth?	Yes	No	



Pump Mod	lification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-39
Serial No.:	04E18 19 0985
Pump Length:	5.1 ft
Top of Pump:	644.6 ft
Bottom of Pump:	649.7 ft
Inlet Depth:	647.7 ft
Horse Power:	5
Flow Rate:	16
Head:	
Volts, Amps, KW:	230 V, 15.9 Amps
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	627.7 ft
W. II D. I	
Well Development	Method:
Date:	Method:
Comments:	
Pump Test	
Date:	Specific Capacity:

WELL MODIFICATION LOG

Use with MCP-3480					Page 1 of 2	
Well Name: USGS	5-039		Well ID No.: 488	Start Date: 11/30/04	End Date: 12/2/04	
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 2	005 Installation team: Tony Ande	Installation team: Tony Anderson, T. Anderson, Hayes Jensen. J. Cook		
Reason for modificati	ion: Add 4' to pu	mp line and water lev	el access line	Elev	vation of Brass Cap:	
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line ((Riser Pipe) Modification	
Casing condition:			Material:	Material:	Stainless Steel	
Concrete Pad:			Diameter:	Diameter:	1 ¼ in.	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Sti	ick up)	
Screen:			Depth BLS:	Depth BLS:	494 ft	
Loc and Cap:						
			Surface Casing	Water Level A	ccess Line Modification	
Video Logs:	Yes 🗌 No [Material:	Material:	Galvanized Steel	
D	Date:		Diameter:	Diameter:	1 in.	
Deviation Logs:	Yes 🗌 No [Height Above Ground: (Stick up)	Height Above Ground: (Sti	ick up)	
D	Date:		Depth BLS:	Depth BLS:	484 ft	
Other Geologic Logs:	: Yes \(\subseteq \text{No [}					
D	Date:		Well Casing			
			Material:			
			Diameter:			
			Height Above Ground: (Stick up)			
			Depth BLS:			
	Performed I Print/Type Na			rformed By Signature	Date	

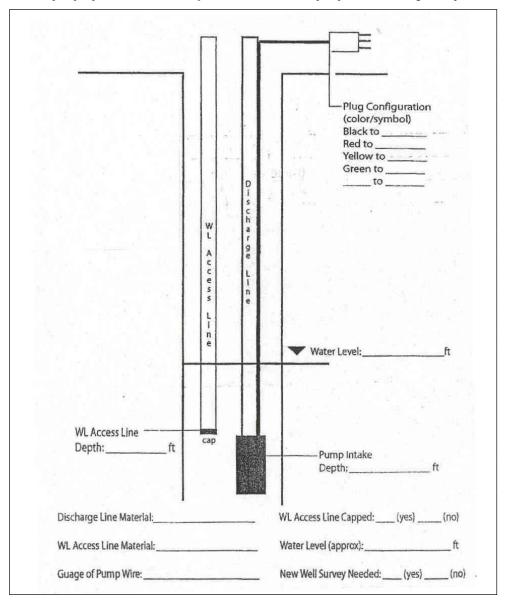
		Pump Mod	lification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	494 ft
	Red to Yellow to	Bottom of Pump:	499.1 ft
	Green to	Inlet Depth:	496.5 ft
	to	Horse Power:	
	A to the company of the first	Flow Rate:	
l w		Head:	
		Volts, Amps, KW:	
A		Phase:	
C		Motor Leads Subm Cable:	
s		Check Valve Removed:	☐ Yes ☐ No
		Weep Hole Depth BLS:	
n e		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line cap			
Depth:ft	Pump Intake		
	Depth;ft		
		Pump Test	
		Date:	Specific Capacity:
Discharge Line Material:	WL Access Line Capped: (yes) (no)		
	was to the same of		
		1	1
WL Access Line Material:	Water Level (approx): ft		

WELL MODIFICATION LOG

Use with MCP-3480 Page 1 of 2

Well Name: USGS-	-112		Well ID No.: <u>561</u>	Start Date: 10/29/04	End Date: 11/22/04
Project Name: Sit	ewide Well Maintena	nce for Fiscal Year 20	Installation team: Hayes Jensen, 7	Cony Anderson, Joe Cook	Logbook No.: <u>ER-199-2004</u>
Reason for modification	on: Replace pum	p and galvanized stee	l lines	E	levation of Brass Cap:
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless steel
Concrete Pad:			Diameter:	Diameter:	1 ½ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	494.9 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	Stainless steel
D	ate:		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
D	ate:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
D	ate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Perform Signa		Date

Is this a pump replacement? Yes \(\subseteq \) No \(\subseteq \) If Yes, was pump returned to original depth? Yes \(\subseteq \) No	Is this a pump replacem	ent? Yes 🛛	No 🔲 I	If Yes, was pum	p returned to original depth?	Yes	□ N	o [3
--	-------------------------	------------	--------	-----------------	-------------------------------	-----	-----	-----	----------



Pump Mod	ification
Туре:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04F18080860
Pump Length:	61 in
Top of Pump:	494.9 ft
Bottom of Pump:	500 ft
Inlet Depth:	497.5 ft
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	230/17.8
Phase:	3/60hz
Motor Leads Subm Cable:	
Check Valve Removed:	⊠ Yes □ No
Weep Hole Depth BLS:	
Well Development Date: Comments:	Method:
Pumn Test	

Specific Capacity:

Date:

WELL MODIFICATION LOG

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Well Name: USGS	-121		Well ID No.: <u>570</u>	Start Date: 11/29/04	End Date: 12/3/04
Project Name: Sit	ewide Well Maintena	nce for Fiscal Year 20	Installation team: T Anderson, H.	Jensen, J. Cook	Logbook No.: <u>ER-132-2005</u>
Reason for modification	on: Replace pum	p, access line and rise	r line	El	levation of Brass Cap:
			-		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 ¼ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	468 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes 🛛 No 🛭		Material:	Material:	Galvanized Steel
D	eate: 11/30/04		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes 🛛 No 🛚		Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
D	ate:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No				
D	ate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performe Signat		Date

	,					
			Discharge Line) 0	Plug Configuration (color/symbol) Black to Red to Yellow to Green to to	
		1			Water Level:ft	
WL Access Lineft	C	ap			Pump Intake Depth;ft	
Discharge Line Material:	1				WL Access Line Capped: (yes) (no)	

Pump Modification					
Type:	Submersible				
Manufacture:	Grundfos				
Model No.:	10S30-34				
Serial No.:	03K1A 16 3470				
Pump Length:	55 in.				
Top of Pump:	468.4 ft				
Bottom of Pump:	473 ft				
Inlet Depth:	471 ft				
Horse Power:	3				
Flow Rate:					
Head:					
Volts, Amps, KW:					
Phase:	3				
Motor Leads Subm Cable:					
Check Valve Removed:	☐ Yes ☐ No				
Weep Hole Depth BLS:					

Well Development

Date:	Method:
Comments:	

Pump Test	
Date:	Specific Capacity:

Use with MCP-3480

WELL MODIFICATION LOG

Well Name: USGS	-128		Well ID No.: 1413	Start Date: 11/15/04	End Date: 11/16/04
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H.	Jensen, J. Cook	Logbook No.: ER-199-2004
Reason for modificati	on: Replace pum	p, pipe wiring		Ele	evation of Brass Cap:
			_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (S	tick up)
Screen:			Depth BLS:	Depth BLS:	529 ft
Loc and Cap:					
			Surface Casing	Water Level A	Access Line Modification
Video Logs:	Yes No [Material:	Material:	Stainless steel
D	Date:		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (S	tick up)
D	Date:		Depth BLS:	Depth BLS:	519 ft
Other Geologic Logs:	Yes No [
D	Oate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performe Signatu		Date
	Time Type Na	inic	Signati	ii C	

Guage of Pump Wire:_

Is this a pump replacement? Yes	No If Y	es, was pump returned to original depth? Ye	s ⊠ No □
	Discharge Line	Plug Configuration (color/symbol) Black to Red to Yellow to freen to to	
WL Access Line Depth:ft	cap	Pump Intake Depth;ft	
Discharge Line Material:		WL Access Line Capped: (yes) (no)	
WL Access Line Material:		Water Level (approx):ft	

Pump Mod	lification
Type:	submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04F18-0980
Pump Length:	5.1 ft
Top of Pump:	529 ft
Bottom of Pump:	534.1 ft
Inlet Depth:	531.5
Horse Power:	5
Flow Rate:	16 gpm
Head:	
Volts, Amps, KW:	15.9 amps
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	⊠ Yes □ No
Weep Hole Depth BLS:	

Well Development

Date: Method: Comments:

Pump Test		
Date:	Specific Capacity:	

New Well Survey Needed: ____ (yes) _____ (no) .

WELL MODIFICATION LOG

Use with MCP-3480 Page 1 of 2

Well Name: USGS	S-OBS-A-127		Well ID No.: 1347	Start Date: 12/2/04	End Date: 12/2/04
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, T. A	anderson, H. Jensen, J. Cook	Logbook No.: ER-132-2005
Reason for modificat	ion: Break loose i	ice blockage		E	levation of Brass Cap:
	T	T	7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes 🗌 No [Material:	Material:	
I	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Ι	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes \(\square\) No [
I	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
			-		
	Performed F Print/Type Na		Performed Signatur		Date

		Pump	Modification
	F	Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Blackto	Top of Pump:	
	Red to	Bottom of Pump:	
	Green to	Inlet Depth:	
	oto	Horse Power:	
	5. 4	Flow Rate:	
l w	c h a	Head:	
	T I	Volts, Amps, KW:	
A	9 e	Phase:	
C	L	Motor Leads Subm Ca	able:
5 5	n l	Check Valve Remove	
	•	Weep Hole Depth BL	S:
i n		Well Developmer	nt
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line			
WL Access Line Cap			
	Pump Intake Depth; ft		
	Deptili,i	Pump Test	
		Date:	Specific Capacity
Discharge Line Material:	WL Access Line Capped: (yes) (no)	Date.	Specific Capacity
	many to a select the s		
WL Access Line Material:	Water Level (approx):ft		

WELL MODIFICATION LOG

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Well Name: RWM	IC-MON-A-162		Well ID No.: 1327	Start Date: 11/10/04	End Date: 11/10/04
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	05 Installation team: Anderson, Jen	sen, Lopez, J. Cook, G. Oberhansley	Logbook No.: ER-199-2004
Reason for modificat	ion: Remove pum	p		Elev	vation of Brass Cap:
			1		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line ((Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (St	ick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level A	ccess Line Modification
Video Logs:	Yes 🗌 No 🛭]	Material:	Material:	
Γ	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (St	ick up)
Γ	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes 🗌 No 🛭				
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Perform Signa		Date

		Pump Mo	dification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	
	Red to Yellow to	Bottom of Pump:	
	Green to	Inlet Depth:	
	Green to to	Horse Power:	
	5. *	Flow Rate:	
w w	c h a	Head:	
		Volts, Amps, KW:	
Ac	g e	Phase:	
C	L i	Motor Leads Subm Cable:	
5 5	n	Check Valve Removed:	☐ Yes ☐ No
		Weep Hole Depth BLS:	
		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line cap			
WL Access Line Depth:ft	Pump Intake		
	Pump Intake Depth;ft		
	Pump Intake Depth;ft	Pump Test	
Depth:ft		Pump Test Date:	Specific Capacit
		-	Specific Capacit
Depth:ft	WL Access Line Capped: (yes) (no)	-	Specific Capacit

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WELL MODIFICATION LOG

Rev. 03	
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Well Name: SOUT	ΓH–MON-A-001		Well ID No.: <u>1212</u>	Start Date: <u>10/11/05</u>	End Date: 10/12/04
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H. Jo	ensen, J. Cook	Logbook No.: ER-113-2005
Reason for modificat	ion: Replace Pum	p		El	evation of Brass Cap:
			_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes 🗌 No [Material:	Material:	
Ι	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes 🗌 No [Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Ι	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes 🗌 No [
Ι	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na	me	Performed Signatur	By e	Date

Is this a numn replacement?	Yes	\boxtimes	Nο	If Yes was nump returned to original denth?	Yes	\boxtimes	Nο	П	

	₩ L Access L-Fe	Discharge Line	A Property of the Control of the Con	(color/sy Black to Red to Yellow to Green to to	infiguration mbol)	
WL Access Lineft	cap			———Pump Intake Depth;		ft
Discharge Line Material: WL Access Line Material:				WL Access Line Capped: Water Level (approx):	(yes)	_ (no)

Pump Moo	dification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	05D18 14 2465
Pump Length:	61 in.
Top of Pump:	607.8 ft
Bottom of Pump:	612.9 ft
Inlet Depth:	611.1 ft
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	230 V, 60 Hz
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	593
Well Development	
Date:	Method:
Comments:	

Date:	Method:
Comments:	

Pump Test

Date: Specific Capacity:

WELL MODIFICATION LOG

11/00/2004
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Well Name: SOUT	H-MON-A-004		Well ID No.: 1215	Start Date: 11/17/04	End Date: 11/18/04
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H.	Jensen, J. Cook	Logbook No.: ER-199-2004
Reason for modificati	on: Replace Pum	р		Ele	vation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 ¼ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (St	tick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level A	Access Line Modification
Video Logs:	Yes No [Material:	Material:	Stainless Steel
D	Pate:		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (St	tick up)
D	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
D	Oate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Perform Signat		Date

this a pump replacement?	Yes 🛚	No) []]	f Ye	es, was pump returned to original depth? Yes No
		W L Access		Discharge Line		Plug Configuration (color/symbol) Black to Red to Yellow to Green to to
		L n e				Water Level:ft
W A	İ					
WL Access Line —— Depth:	_ft	cap				Pump Intake Depth;ft
Discharge Line Material:						WL Access Line Capped: (yes) (no)
WL Access Line Material:						Water Level (approx):ft
Guage of Pump Wire:		1				New Well Survey Needed: (yes) (no) .

Pump Moo	dification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04F18-08-0780
Pump Length:	61 in.
Top of Pump:	633
Bottom of Pump:	638.1 ft
Inlet Depth:	636.1 ft
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	230 V, 60 Hz
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	

Well Development		
Date:	Method:	
Comments:		

Pump Test	
Date:	Specific Capacity:

WELL MODIFICATION LOG

11/00/2001
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Well Name: USGS	S-105		Well ID No.: <u>554</u>	Start Date: <u>6/20/05</u>	End Date: 6/30/05
Project Name: Si	itewide Well Maintena	nce for Fiscal Year 20	Installation team: Gordon, Shibley	, Cook	Logbook No.: ER-132-2005
Reason for modificat	ion: Replace pipe	;		El	evation of Brass Cap:
	1		7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless steel
Concrete Pad:			Diameter:	Diameter:	1 ¼ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
Screen:			Depth BLS:	Depth BLS:	700 ft
Loc and Cap:					
			Surface Casing	Water Level 2	Access Line Modification
Video Logs:	Yes No [Material:	Material:	Stainless steel
I	Date:		Diameter:	Diameter:	1 in.
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (S	Stick up)
I	Date:		Depth BLS:	Depth BLS:	695 ft
Other Geologic Logs	: Yes 🗌 No [
I	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed F Print/Type Na		Performe Signatu		Date

			Pump Mo	dification
			Type:	
			Manufacture:	
			Model No.:	
			Serial No.:	
		Plug Configuration (color/symbol)	Pump Length:	
		Black to	Top of Pump:	
		Red toYellow to	Bottom of Pump:	
		Green to	Inlet Depth:	
	D	to	Horse Power:	
	5.	Section of the section	Flow Rate:	
	W a		Head:	
	1		Volts, Amps, KW:	
	A g e		Phase:	
	c L		Motor Leads Subm Cable:	
	s n e		Check Valve Removed:	Yes No
			Weep Hole Depth BLS:	
	n e		Well Development	
		Water Level:ft	Date:	Method:
/L Access Line epth: ft	cap		Comments:	
cpiiii		Pump Intake Depth;ft		
		Берин,	Pump Test	
1	No.		Date:	Specific Capacity
harge Line Material:		WL Access Line Capped: (yes) (no)		
ccess Line Material:		Water Level (approx):ft		
		New Well Survey Needed:(yes)(no)		
e of Pump Wire:		DOM: HOW HONDOW VONDER WORK WORK		

WELL MODIFICATION LOG

Rev. 03
Use with MCP-3480

Well Name: USGS	S-108		Well ID No.: <u>557</u>	Start Date: <u>6/21/05</u>	End Date: <u>7/5/05</u>
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: Gordon Shibley, Cod	ok	Logbook No.: ER-132-2005
Reason for modificat	ion: Remove obst	ruction from well		Elevatio	n of Brass Cap:
			-		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line (Ris	ser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick u	ıp)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level Acce	ss Line Modification
Video Logs:	Yes 🗌 No [Material:	Material:	
I	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (Stick u	ıp)
I	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes 🗌 No [
I	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performed By Signature	y	Date

Discharge Line Material:__

Guage of Pump Wire:____

WL Access Line Material:

		Pump Mo	dification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration	Pump Length:	
	(color/symbol) Black to	Top of Pump:	
	Red toYellow to	Bottom of Pump:	
	Green to	Inlet Depth:	
	to	Horse Power:	
	S. A. See The	Flow Rate:	
1 (W)	C h	Head:	
		Volts, Amps, KW:	
A C C e s s	9 e	Phase:	
C e		Motor Leads Subm Cable:	
5		Check Valve Removed:	☐ Yes ☐
		Weep Hole Depth BLS:	
l in		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line			
Depth:ft cap	Pump Intake		

WL Access Line Capped: ____ (yes) _____ (no)

New Well Survey Needed: ____ (yes) _____ (no) .

Water Level (approx):___

WELL MODIFICATION LOG

Rev. 03
Use with MCP-3480

Well Name: DH1E	3		Well II	O No.: <u>147</u>	Start Date: <u>5/19/05</u>	End Date: <u>5/23/05</u>
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	05 Installation team:	Γ. Anderson, D. Gibson, H	I. Jensen, J. Cook Log	book No.: ER-132-2005
Reason for modificat	ion: Take out deb	ris in well, Extend cas	ing, put in pump		Elevation of F	Brass Cap:
			1			
Well Description	Satisfactory	Needs Repair	Protective C	asing	Discharge Line (Riser P	ipe) Modification
Casing condition:			Material:	Steel	Material:	Stainless steel
Concrete Pad:			Diameter:	10 in.	Diameter:	1 1/4 in.
Guard Post:			Height Above Ground: (Stick up)	36 in.	Height Above Ground: (Stick up)	30 in.
Screen:			Depth BLS:		Depth BLS:	354 ft
Loc and Cap:						
			Surface Ca	sing	Water Level Access Li	ine Modification
Video Logs:	Yes No [Material:	Steel	Material:	Stainless steel
Γ	Date:		Diameter:	6 in.	Diameter:	1 in.
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	30 in.	Height Above Ground: (Stick up)	30 in.
Γ	Date:		Depth BLS:		Depth BLS:	
Other Geologic Logs	: Yes 🗌 No [
Γ	Date:		Well Casi	ng		
			Material:			
			Diameter:			
			Height Above Ground: (Stick up)			
			Depth BLS:			
			-		_	
	Performed B Print/Type Na			Performed By Signature		Date

	, [
		WL Access Line	Discharge Line	9	Plug Configuration (color/symbol) Black to Red to Yellow to Green to to
WL Access Line					
Depth:ft		cap			Pump Intake Depth;ft
Discharge Line Material:				1	WL Access Line Capped: (yes) (no)
WL Access Line Material:				,	Water Level (approx):ft

Pump Mod	dification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	05A18 12 3290
Pump Length:	61 in.
Top of Pump:	354 ft
Bottom of Pump:	359 ft
Inlet Depth:	357 ft
Horse Power:	5
Flow Rate:	16gpm
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	⊠ Yes □ No
Weep Hole Depth BLS:	

Well Development	
Date:	Method:
Comments:	

Pump Test	
Date:	Specific Capacity:

WELL MODIFICATION LOG

11/00/2001
Rev. 03
Use with MCP-3480

Well Name: USGS	S-OBS-A-126A		Well ID No.: 1345	Start Date: 11/1/04	End Date: 11/2/04
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H. J	Jensen, J. Cook Lo	gbook No.: ER-199-2004
Reason for modificat	ion: Lower water	level access line by 20	0 ft, replace the pipe and pump	Elevation of	Brass Cap:
			_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line (Riser	Pipe) Modification
Casing condition:			Material:	Material:	Galvanized
Concrete Pad:			Diameter:	Diameter:	1 in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	1.37 ft
Screen:			Depth BLS:	Depth BLS:	609.63 ft
Loc and Cap:					
			Surface Casing	Water Level Access I	Line Modification
Video Logs:	Yes 🛛 No [Material:	Material:	Stainless
I	Date: 11/2/04		Diameter:	Diameter:	1 in
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	1.37 ft
I	Date:		Depth BLS:	Depth BLS:	500.63
Other Geologic Logs	: Yes \(\subseteq \text{No [}				
I	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performed Signatur		Date

Is this a	nump replacement?	Yes 🏻	No [If Yes, was pump returned to original depth	? Yes	П	No	\boxtimes
15 till5 ti	pump replacement.	1 03	110	ii i es, was pamp returned to original depth	. 105		110	

	₩L Access L-пe	Discharge Line	B.	Plug Configuration (color/symbol) Black to	
WL Access Line ————————————————————————————————————	cap			Pump Intake Depth;	ft
Discharge Line Material:				WL Access Line Capped: (yes)	(no)

Pump Mod	ification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	0D18 07 3645
Pump Length:	5 ft
Top of Pump:	609.63 ft
Bottom of Pump:	614.63 ft
Inlet Depth:	612.63 ft
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	17.8 Amps
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	
Well Development	
Date:	Method:
Comments:	
Pump Test	
Date:	Specific Capacity:

WELL MODIFICATION LOG

Rev. 03
Use with MCP-3480

Well Name: USG	S-OBS-A-126B		Well ID No.: 1346	Start Date: 11/2/04	End Date: 11/3/04		
Project Name: S	itewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H.	Jensen. J. Cook	Logbook No.: ER-199-2004		
Reason for modifica	tion: Add addition	al stainless steel pipe		E	Elevation of Brass Cap:		
			7				
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification		
Casing condition:			Material:	Material:	Stainless steel		
Concrete Pad:			Diameter:	Diameter:	1 ¼ in.		
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)		
Screen:			Depth BLS:	Depth BLS:	462.5 ft		
Loc and Cap:							
			Surface Casing	Water Level	Access Line Modification		
Video Logs:	Yes 🛛 No [Material:	Material:	Stainless Steel		
·	Date: 11/2/04		Diameter:	Diameter:	1 in.		
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Ground:	Height Above Ground: (Stick up)		
Date: Depth			Depth BLS:	Depth BLS:	447 ft		
Other Geologic Logs	s: Yes No [
	Date:		Well Casing				
			Material:				
			Diameter:				
			Height Above Ground: (Stick up)				
			Depth BLS:				
	Performed E Print/Type Na		Performe Signate		Date		

Is this a pump replacement?	Yes No	\boxtimes	If Yes, was pump returned to original depth?	Yes	No	

	WL Access Line		Discharge Line	0.0	(color/sy Black to Red to _ Yellow to Green to	0	
WL Access Lineft	cap	No. of Concession, Name of			Pump Intake Depth;		_ft
Discharge Line Material: WL Access Line Material:					WL Access Line Capped: _ Water Level (approx):		

Pump Modification					
Type:	submersible				
Manufacture:	Grundfos				
Model No.:					
Serial No.:					
Pump Length:					
Top of Pump:	462.5 ft				
Bottom of Pump:	467.6 ft				
Inlet Depth:	465.5 ft				
Horse Power:					
Flow Rate:					
Head:					
Volts, Amps, KW:					
Phase:					
Motor Leads Subm Cable:					
Check Valve Removed:	☐ Yes ☐ No				
Weep Hole Depth BLS:					
Well Development					
Date:	Method:				
Comments:					
Pump Test					
Date:	Specific Capacity:				
	- Firm capacity.				
	1				

WELL MODIFICATION LOG

Rev. 03	
Use with MCP	-3480

Well Name: ANP	-08		Well ID No.: <u>76</u>	Start Date: <u>6/6/05</u>	End Date: <u>6/8/05</u>
Project Name: S	itewide Well Maintena	nce for Fiscal Year 20	Installation team: Anderson, Jenser	ı, Cook	Logbook No.: ER-132-2005
Reason for modificat	tion: Pump remove	ed, pump installed			Elevation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Li	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	½ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground	: (Stick up)
Screen:			Depth BLS:	Depth BLS:	271 ft
Loc and Cap:					
			Surface Casing	Water Leve	el Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Date:			Diameter:	Diameter:	
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Ground	: (Stick up)
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes No [
]	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performed Signatu		Date

		St Access Line	Discharge Line	DX.	Plug Configuration (color/symbol) Black to Red to Yellow to Green to to
	Ī	h			
WL Access Line — Depth:	_ft	cap			Pump Intake Depth; ft
Discharge Line Material:				1	WL Access Line Capped: (yes) (no)

Pump Modification					
Type:	Submersible				
Manufacture:	Grundfos				
Model No.:	Rediflow 2				
Serial No.:					
Pump Length:	1 ft				
Top of Pump:	271 ft				
Bottom of Pump:	272 ft				
Inlet Depth:	271.5 ft				
Horse Power:	0.5				
Flow Rate:					
Head:					
Volts, Amps, KW:					
Phase:					
Motor Leads Subm Cable:					
Check Valve Removed:	☐ Yes ☐ No				
Weep Hole Depth BLS:					

Well Development

Date:	Method:
Comments:	

Pump Test

Date:	Specific Capacity:
Operating Amp:	
Comments:	

WELL MODIFICATION LOG

Rev. 03
Use with MCP-3480

Well Name: TAN-	15		Well ID No.: <u>751</u>	Start Date: 6/13/05	End Date: 6/13/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, D.C	Fordon, H. Jensen, J. Cook	Logbook No.: <u>ER-132-2005</u>
Reason for modificati	ion: Replace carbo	on steel pipe with stai	nless steel.	E	levation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	Stainless steel
Γ	Date:		Diameter:	Diameter:	1 in.
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	
Date:		Depth BLS:	Depth BLS:		
Other Geologic Logs:	Yes No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performed Signatu		Date

		Pump Mo	dification
П		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	
	Red to	Bottom of Pump:	
	Green to	Inlet Depth:	
	to	Horse Power:	
		Flow Rate:	
l w	s c h a a a a a a a a a a a a a a a a a a	Head:	
		Volts, Amps, KW:	
A C C e s s	9 8	Phase:	
C	1	Motor Leads Subm Cable:	
5 5	n l	Check Valve Removed:	☐ Yes ☐ No
	•	Weep Hole Depth BLS:	
l in e		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line			
Depth:ft	Pump Intake		
	Depth;ft		
		Pump Test	
		Date:	Specific Capacity:
scharge Line Material:	WL Access Line Capped: (yes) (no)		
	, , , , , , , , , , , , , , , , , , , ,		
L Access Line Material:	Water Level (approx):ft		

WELL MODIFICATION LOG

Rev. 03	
Use with	MCP-3480

Well Name: TAN-	16		Well ID No.: 752	Start Date: 6/15/05	End Date: 6/15/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, D.	Gordon, H. Jensen, J. Cook	Logbook No.: <u>ER-132-2005</u>
Reason for modificati	ion: Replace carbo	on steel pipe with stai	nless steel	E	levation of Brass Cap:
	T	T	٦		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 in
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	Stainless Steel
Date:			Diameter:	Diameter:	1 in
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs:	: Yes 🗌 No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performe Signat		Date

		Pump Mod	lification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration	Pump Length:	
	(color/symbol) Black to	Top of Pump:	
	Red to	Bottom of Pump:	
	Green to	Inlet Depth:	
	Green to to	Horse Power:	
	5.	Flow Rate:	
l w	c h a	Head:	
	-Ir II	Volts, Amps, KW:	
A	9 e	Phase:	
A C C C e s	1	Motor Leads Subm Cable:	
5	n	Check Valve Removed:	☐ Yes ☐ No
5	•	Weep Hole Depth BLS:	
L i n e	Water Level:ft	Well Development	To a control
	The state of the s	Date:	Method:
WL Access Lineft cap	Pump Intake	Comments:	
	Depth;ft		
		Pump Test	1
Discharge Line Material:	WL Access Line Capped: (yes) (no)	Date:	Specific Capacity:
WL Access Line Material:	Water Level (approx):ft		

WELL MODIFICATION LOG

Rev. 03	
Use with	MCP-3480

Well Name: TAN	-17		Well ID No.: 728	Start Date: 6/13/05	End Date: 6/13/05
Project Name: S	itewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, D.	Gordon, H. Jensen, J. Cook	Logbook No.: <u>ER-132-2005</u>
Reason for modifica	tion: Replace carbo	on steel pipe with stai	nless steel	E	levation of Brass Cap:
	T	I	7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	Stainless Steel
Concrete Pad:			Diameter:	Diameter:	1 in
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	Stainless Steel
j	Date:		Diameter:	Diameter:	1 in
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground: (Stick up)	
j	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	s: Yes No [
]	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Perform Signat	d By ure	Date

		Pump Mo	dification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration	Pump Length:	
	(color/symbol) Black to	Top of Pump:	
	Red to	Bottom of Pump:	
	Green to	Inlet Depth:	
		Horse Power:	
		Flow Rate:	
w		Head:	
		Volts, Amps, KW:	
A C C C E S S S S		Phase:	
i c		Motor Leads Subm Cable:	
5 7		Check Valve Removed:	☐ Yes ☐ No
		Weep Hole Depth BLS:	
L i n e		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Lineft			
	Pump Intake Depth;ft		
	Depui;	Pump Test	
		Date:	Specific Capacity:
		Date.	Specific Capacity.
harge Line Material:	WL Access Line Capped: (yes) (no)		
harge Line Material:Access Line Material:	, 5, 13, 4mm		

WELL MODIFICATION LOG

Rev. 03
Use with MCP-3480

Well Name: TAN-	-1859		Well ID No.: 1859	Start Date: <u>6/8/05</u>	End Date: 6/8/05
Project Name: Si	itewide Well Maintena	ince for Fiscal Year 20	Installation team: T. Anderson, D.	Gordon, H. Jensen	Logbook No.: <u>ER-132-2005</u>
Reason for modificat	ion: <u>Install Pump</u>				Elevation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Li	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	½ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground	: (Stick up)
Screen:			Depth BLS:	Depth BLS:	248.85 ft
Loc and Cap:					
			Surface Casing	Water Leve	el Access Line Modification
Video Logs:	Yes No [Material:	Material:	
I	Date:		Diameter:	Diameter:	
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground	: (Stick up)	
I	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes 🗌 No [
I	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
					11/9/05
	Performed E Print/Type Na		Performer Signatu		Date

		Pump Mod	dification
		Type:	submersible
		Manufacture:	Grundfos
		Model No.:	Rediflow2
		Serial No.:	51418355
	Plug Configuration (color/symbol)	Pump Length:	1 ft
	Black to	Top of Pump:	248.85 ft
	Red to	Bottom of Pump:	249.85 ft
	Green to	Inlet Depth:	249.35 ft
D	to	Horse Power:	0.5
5	All the true of the second	Flow Rate:	
W ch		Head:	
		Volts, Amps, KW:	
A g e c c L		Phase:	1
l e i		Motor Leads Subm Cable:	
s n e		Check Valve Removed:	Yes No
L		Weep Hole Depth BLS:	
		Well Development	
	Water Level:ft	Date:	Method:
WL Access Line		Comments:	
th:ft cap	Pump Intake		
	Depth;ft	D 75 4	
		Pump Test	G 'C C '
scharge Line Material:	WL Access Line Capped: (yes) (no)	Date:	Specific Capacit
ccess Line Material:	Water Level (approx):ft		
- Ciric material		1	

WELL MODIFICATION LOG

Rev. 03	
Use with MCP-3480	(

Well Name: TAN-	1860		Well ID No.: 1860	Start Date: 6/8/05	End Date: 6/8/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, D	. Gordon, H. Jensen	Logbook No.: <u>ER-132-2005</u>
Reason for modificat	ion: <u>Install Pump</u>				Elevation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Li	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	½ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground	: (Stick up)
Screen:			Depth BLS:	Depth BLS:	266.28
Loc and Cap:					
			Surface Casing	Water Leve	el Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Γ	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground	: (Stick up)
Γ	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	Yes No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Perform Signa		Date

		Pump Mod	dification
		Type:	submersible
		Manufacture:	Grundfos
		Model No.:	Rediflow2
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	1 ft
	Black to	Top of Pump:	266.28 ft
	Red to	Bottom of Pump:	267.28 ft
	Green to	Inlet Depth:	266.78 ft
	0to	Horse Power:	0.5
	5.	Flow Rate:	
w	c h a	Head:	
		Volts, Amps, KW:	
A C C e s s	9 6	Phase:	1
C	L L	Motor Leads Subm Cable:	
5	n	Check Valve Removed:	☐ Yes ☐
		Weep Hole Depth BLS:	
LIN		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line cap			
beptiiit	Pump Intake		
	Depth;ft	D	
		Pump Test	g :
Discharge Line Material	Wil Access Line Connects (use) (no)	Date:	Specific Capa
Discharge Line Material:	WL Access Line Capped:(yes)(no)		
	NEW TOTAL AND A		
WL Access Line Material:	Water Level (approx):ft		

Use with MCP-3480

WELL MODIFICATION LOG

Well Name: TAN-	1861		Well ID No.: 1861	Start Date: <u>6/8/05</u>	End Date: 6/8/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 2	005 Installation team:		Logbook No.: ER-132-2005
Reason for modificati	ion: <u>Install Pump</u>			E	levation of Brass Cap:
	T				
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	½ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: ((Stick up)
Screen:			Depth BLS:	Depth BLS:	237.34 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Ε	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes 🗌 No [Height Above Ground: (Stick up)	Height Above Ground: ((Stick up)
Ε	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	: Yes 🗌 No [
Ε	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed F		Performed Signature		Date

	WL Access Line	Discharge Line	(color/symbol) Black to Red to Yellow to Green to to	
WL Access Line ————————————————————————————————————	cap		Pump Intake Depth;ft	
Discharge Line Material: WL Access Line Material:	l		WL Access Line Capped: (yes) (no) Water Level (approx): ft	

Pump Modification				
Type:	submersible			
Manufacture:	Grundfos			
Model No.:	Rediflow2			
Serial No.:	051318312			
Pump Length:	1 ft			
Top of Pump:	237.34 ft			
Bottom of Pump:	238.34ft			
Inlet Depth:	237.84 ft			
Horse Power:	0.5			
Flow Rate:				
Head:				
Volts, Amps, KW:				
Phase:	1			
Motor Leads Subm Cable:				
Check Valve Removed:	☐ Yes ☐ No			
Weep Hole Depth BLS:				

Well Development			
Date:	Method:		
Comments:			

Pump Test		
Date:	Specific Capacity:	

WELL MODIFICATION LOG

Rev. 03 Use with MCP-3480 Page 1 of 2

Well Name: TANT	T-INJ-A-003		Well ID No.: 1219	Start Date: 6/7/05	End Date: <u>6/7/05</u>
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 20	005 Installation team:		Logbook No.: ER-132-2005
Reason for modificati	on: Install pump			Ele	evation of Brass Cap:
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	½ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (S	tick up)
Screen:			Depth BLS:	Depth BLS:	258.81 ft
Loc and Cap:					
			Surface Casing	Water Level A	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
D	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (S	tick up)
D	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
D	Oate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performe Signati		Date

	Pump I
	Type:
	Manufacture:
	Model No.:
	Serial No.:
Plug Config (color/symb	
Black to	Top of Pump:
Red toYellow to	Bottom of Pump:
Green toto	Inlet Depth:
Dto	Horse Power:
	Flow Rate:
w a	Head:
	Volts, Amps, KW:
A g	Phase:
C L	Motor Leads Subm Cabl
5 n	Check Valve Removed:
s e	Weep Hole Depth BLS:
	Well Development
e Water Level:	Date:
	Comments:
	Comments.
WL Access Line cap	
Depth:ft Cap Pump Intake	
Depth;	ft
	Pump Test
	Date:
Discharge Line Material: WL Access Line Capped:	yes)(no)
WL Access Line Material: Water Level (approx):	ft
Guage of Pump Wire: New Well Survey Needed:	(ves) (no)

Pump Mod	dification
Гуре:	submersible
Manufacture:	Grundfos
Model No.:	Rediflow 2
Serial No.:	51418355
Pump Length:	1 ft
Гор of Pump:	258.81 ft
Bottom of Pump:	257.81 ft
nlet Depth:	257.31 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	5.5 Amps
Phase:	1
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	

Date:	Method:
Comments:	

Pump Test		
Date:	Specific Capacity:	

WELL MODIFICATION LOG

Rev. 03		
Use with MCP	-3480	

Well Name: TAN	Γ-MON-A-011		Well ID No.: 1163	Start Date: <u>6/2/05</u>	End Date: <u>6/2/05</u>
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	005 Installation team:		Logbook No.: ER-132-2005
Reason for modificat	ion: <u>Install 2 pum</u>	ps			Elevation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Li	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	½ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	240 ft
Loc and Cap:					
			Surface Casing	Water Leve	l Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Date:			Diameter:	Diameter:	
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes \(\subseteq \text{No [}				
I	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performed Signature		Date

Page 2 of 2

submersible Grundfos Rediflow2 51418357 1 ft

240 ft, 276 ft 241 ft, 277 ft 240.5 ft, 276.5 ft

Yes No

Specific Capacity:

	Pump I	Modification
	Type:	submersil
	Manufacture:	Grundfos
	Model No.:	Rediflow
	Serial No.:	51418357
	Plug Configuration Pump Length:	1 ft
	Black to Top of Pump:	240 ft, 27
	Red toBottom of Pump:	241 ft, 27
	Green to Inlet Depth:	240.5 ft, 2
	D Lorgo Dovver	0.5
	Flore Potes	0.5
w w	Handa	
"	V I A VW	
A	Phase:	1
C c	Motor Leads Subm Cabl	e:
e	Check Valve Removed:	☐ Yes
5	Weep Hole Depth BLS:	
l i	Well Development Water Level:ft	
	Date:	Method:
WL Access Lineft cap	Pump Intake Depth;ft	
	Pump Test	
1	Date:	Specific (
Discharge Line Material:	WL Access Line Capped: (yes) (no)	
WL Access Line Material:	ft	
Guage of Pump Wire:	New Well Survey Needed: (yes) (no) .	
Guage of Pump Wire:	New Well Survey Needed: (yes) (no)	

WELL MODIFICATION LOG

Rev. 03	
Use with MCP-3480	(

Well Name: TANT	C-MON-A-012		Well ID No.: <u>1164</u>	Start Date: <u>6/2/05</u>	End Date: <u>6/2/05</u>
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, D	. Gordon, J. Cook	Logbook No.: ER-132-2005
Reason for modificati	on: Remove pum	p and pipe			Elevation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge	Line (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Grou	nd: (Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Le	vel Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Date:		Diameter:	Diameter:		
Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Grou	nd: (Stick up)	
Date:		Depth BLS:	Depth BLS:		
Other Geologic Logs:	Yes No [·
D	Pate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Perform Signa		Date

		Pump N	Modification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	
	Red to Yellow to	Bottom of Pump:	
	Green toto	Inlet Depth:	
	oto	Horse Power:	
	5	Flow Rate:	
w L	c h	Head:	
		Volts, Amps, KW:	
A c c e	9 e	Phase:	
C	L	Motor Leads Subm Cabl	
5 5	n	Check Valve Removed:	☐ Yes ☐ No
	e	Weep Hole Depth BLS:	
i n	Water Level:ft	Well Development	
	▼ water Level:it	Date:	Method:
		Comments:	
WL Access Lineft	Pump Intake Depth;ft		
		Pump Test	
		Date:	Specific Capacity:
harge Line Material:	WL Access Line Capped: (yes) (no)		
ccess Line Material:	Water Level (approx): ft		

WELL MODIFICATION LOG

11/00/2001
Rev. 03
Use with MCP-3480

Well Name: TAN	Γ-MON-A-013		Well ID No.: 1165	Start Date: <u>6/2/05</u>	End Date: 6/2/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, D. O	Gordon, J. Cook	Logbook No.: <u>ER-132-2005</u>
Reason for modificat	ion: Remove pum	p and pipe		I	Elevation of Brass Cap:
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes 🗌 No 🛭]	Material:	Material:	
Γ	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes 🗌 No 🛭		Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Γ	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes 🗌 No 🛭				
Ι	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performed Signatu		Date

		Pump M	odification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	
	Red to Yellow to	Bottom of Pump:	
	Green to	Inlet Depth:	
	to	Horse Power:	
	5	Flow Rate:	
l w	h a a	Head:	
"	a r	Volts, Amps, KW:	
A	9	Phase:	
C C e s s s	L	Motor Leads Subm Cable:	
e	i n	Check Valve Removed:	☐ Yes ☐ N
5	e	Weep Hole Depth BLS:	
			•
n e		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line cap			
Depth:ft	Pump Intake		
	Depth;ft		
		Pump Test	
		Date:	Specific Capacit
Discharge Line Material:	WL Access Line Capped: (yes) (no)		
Mill Account line Massacial	Water Lauri (annual)		
WL Access Line Material:	Water Level (approx): ft		
Guage of Pump Wire:			1

WELL MODIFICATION LOG

Rev. 03 Use with MCP-3480

Well Name: TANT	Γ-MON-A-014		Well ID No.: 1166	Start Date: <u>6/1/05</u>	End Date: <u>6/1/05</u>
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, D.	Gordon, J. Cook	Logbook No.: <u>ER-132-2005</u>
Reason for modificati	ion: Remove pum	np and pipe			Elevation of Brass Cap:
		I	٦		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Li	ne (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Leve	l Access Line Modification
Video Logs:	Yes 🗌 No [Material:	Material:	
Γ	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes 🗌 No [Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performed Signatu		Date

		Pump Mod	dification
		Type:	
		Manufacture:	
		Model No.:	
		Serial No.:	
	Plug Configuration (color/symbol)	Pump Length:	
	Black to	Top of Pump:	
	Red to	Bottom of Pump:	
	Green to	Inlet Depth:	
P	to	Horse Power:	
5.	ele i i i i i i i i i i i i i i i i i i	Flow Rate:	
W L c		Head:	
L r		Volts, Amps, KW:	
A g e L i s n n s		Phase:	
C L		Motor Leads Subm Cable:	
s n	August 200 Bay Area and	Check Valve Removed:	☐ Yes ☐ N
5 e		Weep Hole Depth BLS:	
i n		W.II D	
	Water Level:ft	Well Development Date:	Method:
		Comments:	Method:
		Comments:	
WL Access Line cap			
Depth:ft	Pump Intake		
	Depth;ft		
		Pump Test	
		Date:	Specific Capacit
Discharge Line Material: WL Ac	ccess Line Capped: (yes) (no)		
NL Access Line Material: Water	r Level (approx):ft		
TV ACCESS CITIC Materials	Level (approx)		
Guage of Pump Wire: New 1	Well Survey Needed: (yes) (no) .	1	1

WELL MODIFICATION LOG

Rev. 03	
Use with MCP-348	3(

Well Name: TAN	Γ-MON-A-058		Well ID No.: 1344	Start Date: <u>6/2/05</u>	End Date: <u>6/2/05</u>
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, D	. Gordon, J. Cook	Logbook No.: ER-132-2005
Reason for modificat	ion: <u>Install new p</u>	ump			Elevation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge I	Line (Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	½ in.
Guard Post:			Height Above Ground: (Stick up)	Height Above Groun	nd: (Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Lev	vel Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Γ	Date:		Diameter:	Diameter:	
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Grour	nd: (Stick up)
Γ	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	Yes No [
Ι	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Perform Signa		Date

		Pump Modification
	Type:	Submersible
	Manus	cture: Grundfos
	Model	No.: Rediflow2
	Serial	Jo.: 51418367
	Plug Configuration (color/symbol)	ength: 1 ft
	Top of	Pump:
	Red toBottor	of Pump:
	Green to Inlet I	
	D Horse	
	5 Pl 1	
l w	Head:	
	77.1.	Amps, KW:
A	Volts, Phase:	1
c c e	Motor	Leads Subm Cable:
5 5	Check	Valve Removed: Yes No
	Weep	Iole Depth BLS:
Line		Development
	Date.	Method:
/L Access Line cap	Pump Intake	nts:
	Depth;ft	Tank
	Pum Date:	Test Specific Capacity
scharge Line Material:		Specific Capacity
Access Line Material:	ft	
ige of Pump Wire:	New Well Survey Needed:(yes)(no) .	

WELL MODIFICATION LOG

Rev. 03	
Use with	MCP-3480

Well Name: PW-1	3		Well ID No.: <u>761</u>	Start Date: 10/29/04	End Date: 10/29/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H.	Jensen, J. Cook	Logbook No.: <u>ER-199-2004</u>
Reason for modificati	ion: <u>Install Redif</u>	low2 Pump		E	levation of Brass Cap:
	ı	ı	7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	½ in. ID
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	86.5 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Date:			Diameter:	Diameter:	
Deviation Logs:	Deviation Logs: Yes No		Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Γ	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	: Yes 🗌 No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performe Signate		Date

		Pump Mod	lification
		Type:	Submersible
		Manufacture:	Grundfos
		Model No.:	Rediflow2
		Serial No.:	43017117
	Plug Configuration (color/symbol)	Pump Length:	1ft
	Black to	Top of Pump:	86.5 ft
	Red to Yellow to	Bottom of Pump:	87.5 ft
	Green to	Inlet Depth:	86 ft
	Dto	Horse Power:	1/2
	A Para Cara Cara Cara Cara Cara Cara Cara	Flow Rate:	
l w	C h	Head:	
		Volts, Amps, KW:	
A	9 e	Phase:	
C e	L	Motor Leads Subm Cable:	
S S	n	Check Valve Removed:	☐ Yes ☐ No
		Weep Hole Depth BLS:	
i			
ë	▼ Water Level:ft	Well Development	
	vvater Levelit	Date:	Method:
		Comments:	
Access Line			
pth:ft cap			
	Pump Intake Depth: ft		
	Depth;ft	Dumn Tost	
		Pump Test Date:	Specific Capacity:
Line Material:	WL Access Line Capped: (yes) (no)	Date:	Specific Capacity:
- Line materion	The recess time cappeds (190) (190)		
s Line Material:	Water Level (approx): ft		
D W.F.	Walle Walle Laboratory		
re:	New Well Survey Needed: (yes) (no)		

WELL MODIFICATION LOG

Use with MCP-3480

Page 1 of 2

Well Name: PW-8			Well ID No.: <u>264</u>	Start Date: 10/06/04	End Date: 10/20/05
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H.	Jensen, J. Cook	Logbook No.: ER-113-2005
Reason for modificati	on: Replace pum	p and wiring		E	levation of Brass Cap:
			_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
D	Date:		Diameter:	Diameter:	
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Stick up)	
Б	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
Г	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na	By	Performed Signatu	d By tre	Date

s a pump replacement?	res 🗵) <u></u>		1 Ye	s, was pump returned to original depth? Yes 🛛 N
		W L Access Lin		Discharge Line	2.0	Plug Configuration (color/symbol) Black to Red to Yellow to Green to to
WL Access Line — Depth:	ft	cap				Water Level:ft Pump Intake
Discharge Line Material:						Depth;ft WL Access Line Capped:(yes)(no)
WL Access Line Material				_		Water Level (approx):ft
Guage of Pump Wire:		1.4				New Well Survey Needed: (yes) (no) .

Pump Modification					
Type:	Submersible				
Manufacture:	Grundfos				
Model No.:	Rediflow2				
Serial No.:					
Pump Length:	1 ft				
Top of Pump:	124.8 ft				
Bottom of Pump:	125.8 ft				
Inlet Depth:	125.3 ft				
Horse Power:	0.5				
Flow Rate:					
Head:					
Volts, Amps, KW:					
Phase:					
Motor Leads Subm Cable:					
Check Valve Removed:	☐ Yes ☐ No				
Weep Hole Depth BLS:					

Well Development	
Date:	Method:
Comments:	

Pump Test						
Date:	Specific Capacity:					

432.A24 11/08/2004

WELL MODIFICATION LOG

Rev. 03 Use with MCP-3480

Well Name: PW-9			Well ID No.: <u>265</u>	Start Date: 10/06/05	End Date: 10/20/05
Project Name: Sit	tewide Well Maintena	nce for Fiscal Year 20	005 Installation team: T. Anderson, H	. Jensen, J. Cook	ER-132-2005, Logbook No.: ER-113-2005
Reason for modificati	on: Replace pum	p and wiring		Ele	vation of Brass Cap:
1		I	7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	(Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (St	tick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level A	access Line Modification
Video Logs:	Yes No [Material:	Material:	
Date:			Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground: (St	tick up)
Date:			Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No [
D	ate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Perform Signa	•	Date
	riiii/ i ype Na	1110	Signa	nuic	

	Type: Manufacture:	Submersible Grundfos
		Crundfos
		Grandios
	Model No.:	Rediflow2
	Serial No.:	
Plug Configuration (color/symbol)	Pump Length:	1 ft
Black to	Top of Pump:	188.3 ft
Red to	Bottom of Pump:	189.3 ft
Green to	Inlet Depth:	188.8 ft
to	Horse Power:	0.5
to see the property see	Flow Rate:	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Head:	
	Volts, Amps, KW:	
	Phase:	
	Motor Leads Subm Cable:	
		Yes No
A CONTRACTOR OF THE CONTRACTOR	Weep Hole Depth BLS:	
	W II D	
Water Level: ft		36.1.1
		Method:
	Comments:	
Depui,	Pumn Test	
		Specific Capacity:
WL Access Line Capped: (yes) (no)	Bute.	Specific Supacity:
Water Level (approx):ft		
New Well Survey Needed: (yes) (no) .		
	Black to	Black to Red to Yellow to Green to Inlet Depth: Horse Power: Flow Rate: Head: Volts, Amps, KW: Phase: Motor Leads Subm Cable: Check Valve Removed: Weep Hole Depth BLS: Well Development Date: Comments: WL Access Line Capped:(yes)(no) Water Level (approx): ft

WELL MODIFICATION LOG

Rev. 03	
Use with MCP-3480	(

Well Name: TRA	-1933		Well ID No.: 1933	Start Date: 10/29/04	End Date: 10/29/04
Project Name: S	itewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H. J	ensen, J. Cook	Logbook No.: ER-199-2004
Reason for modificat	tion: Install Redifl	ow2 pump		E	levation of Brass Cap:
			7		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	⅓ in. ID
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	88.23 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
1	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
1	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs	: Yes No [
]	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performed Signatur		Date

☐ No ⊠

	WL	Dischar	i D	Plug Configuration (color/symbol) Black to Red to Yellow to Green to to	
	Access L-ne	ge Line		▼ Water Level:ft	
WL Access Line ————————————————————————————————————	cap			Pump Intake Depth;ft	
Discharge Line Material: WL Access Line Material:				WL Access Line Capped:(yes)(no) Water Level (approx):ft	

Pump Modification							
Type:	Submersible						
Manufacture:	Grundfos						
Model No.:	Rediflow						
Serial No.:	42216884						
Pump Length:	1 ft						
Top of Pump:	88.23 ft						
Bottom of Pump:	89.23 ft						
Inlet Depth:	88.73 ft						
Horse Power:	0.5						
Flow Rate:	1 gpm						
Head:							
Volts, Amps, KW:							
Phase:							
Motor Leads Subm Cable:							
Check Valve Removed:	☐ Yes ☐ No						
Weep Hole Depth BLS:							

Well Development	
Date:	Method:
Comments:	

Pump Test	
Date:	Specific Capacity:

WELL MODIFICATION LOG

11/00/2004
Rev. 03
Use with MCP-3480

Well Name: TRA-	1934		Well ID No.: 1934	Start Date: 10/29/04	End Date: 10/29/04
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: Tony Anderson, H	ayes Jensen, Joe Cook	Logbook No.: <u>ER-199-2004</u>
Reason for modificati	ion: <u>Install New F</u>	Rediflow Pump		E	levation of Brass Cap:
			_		
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Line	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	HDPE
Concrete Pad:			Diameter:	Diameter:	½ in. ID
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Screen:			Depth BLS:	Depth BLS:	92.75 ft
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No [Material:	Material:	
Γ	Date:		Diameter:	Diameter:	
Deviation Logs: Yes No			Height Above Ground: (Stick up)	Height Above Ground: (Stick up)
Γ	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	: Yes 🗌 No [
Γ	Date:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed E Print/Type Na		Performed Signature		Date

Page 2 of 2

		WL Access Line	Discharge Line	3	Plug Configuration (color/symbol) Black to Red to Yellow to Green to to
WL Access Line —— Depth:	_ft	cap			Pump Intake Depth;ft
Discharge Line Material:_					NL Access Line Capped: (yes) (no)
WL Access Line Material:					Water Level (approx):ft

Pump Mod	dification
Type:	Submersible
Manufacture:	Grundfos
Model No.:	Rediflow 2
Serial No.:	42216886
Pump Length:	1 ft
Top of Pump:	92.75 ft
Bottom of Pump:	93.75 ft
Inlet Depth:	93.25 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	☐ Yes ☐ No
Weep Hole Depth BLS:	

Well Development

Date:

Comments:

Method:

Pump Test	
Date:	Specific Capacity:

432.A24 11/08/2004

WELL MODIFICATION LOG

Page 1 of 2

11/00/2004
Rev. 03
Use with MCP-3480

Well Name: USGS	-073		Well ID No.: <u>522</u>	Start Date: 11/23/04	End Date: 11/23/04
Project Name: Si	tewide Well Maintena	nce for Fiscal Year 20	Installation team: T. Anderson, H. J	Jensen, J. Cook	Logbook No.: ER-132-2005
Reason for modificati	on: Replace Redi	flow pump		E	Elevation of Brass Cap:
Well Description	Satisfactory	Needs Repair	Protective Casing	Discharge Lin	e (Riser Pipe) Modification
Casing condition:			Material:	Material:	
Concrete Pad:			Diameter:	Diameter:	
Guard Post:			Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Screen:			Depth BLS:	Depth BLS:	
Loc and Cap:					
			Surface Casing	Water Level	Access Line Modification
Video Logs:	Yes No		Material:	Material:	
Г	Date:		Diameter:	Diameter:	
Deviation Logs:	Yes No [Height Above Ground: (Stick up)	Height Above Ground:	(Stick up)
Г	Date:		Depth BLS:	Depth BLS:	
Other Geologic Logs:	Yes No				
Γ	Oate:		Well Casing		
			Material:		
			Diameter:		
			Height Above Ground: (Stick up)		
			Depth BLS:		
	Performed B Print/Type Na		Performed Signatu		Date

		Pump Mo	dification
ПГ		Type:	Submersible
		Manufacture:	Grundfos
		Model No.:	Rediflow2
		Serial No.:	
	└─Plug Configuration (color/symbol)	Pump Length:	1 ft
	Black to	Top of Pump:	120 ft
	Red to Yellow to	Bottom of Pump:	121 ft
	Green toto	Inlet Depth:	120.5 ft
D	to	Horse Power:	1/2
s c		Flow Rate:	
1 (W) 12		Head:	
1 1 1		Volts, Amps, KW:	
A ge		Phase:	
C C E I		Motor Leads Subm Cable:	
s n		Check Valve Removed:	Yes No
		Weep Hole Depth BLS:	
l n		Well Development	
	Water Level:ft	Date:	Method:
		Comments:	
WL Access Line			
epth:ft	Pump Intake		
	Depth;ft		•
		Pump Test	
1		Date:	Specific Capacity
arge Line Material:	WL Access Line Capped: (yes) (no)		
ccess Line Material:	Water Level (approx):ft		
e of Pump Wire:	New Well Survey Needed: (yes) (no) .		

Appendix C Well Abandonment Forms

Appendix C

Well Abandonment Forms

WELL ABANDONMENT FORM

Well Name: ACID PIT I-07

Well ID Number: 774

Location: RWMC

Field Team: Start Date:

 Start Date:
 7/27/2005

 End Date:
 7/27/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing		
Diameter	4"	
Total Depth (ft)	17.16	
Volume(ft ³)	1.497	

Abandonment Details					
Material to fill Well casing	SAND TO 18	SAND TO 18" BLS, BENTONITE TO SURFACE			
Volume used		NR			
Mixture		NA			
Material for Monument		NA			
Volume used		NR			
Mixture		NR			
Height Above Grade	SC	IL FILLED TO GRADE			
Depth Below Grade	CASING	CASING CUT OFF 6" BELOW GRADE			
Acces	s lines 1" Diamet	er or less			
Diameter	NA				
Welded	NA				
Capped	NA				

Well Name:	ACID PIT I-08	3	
Well ID Number:	775		-
Location:	RWMC		-
Field Team:			
Start Date:	7/28/2005	;	
End Date:	7/28/2005	_	
		_	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
	_	·	•
Equipment To Be Removed	Yes	No	
Pump		X	
Instrumentation		X	
		7	
Well Casing			
Diameter	4"		
Total Depth (ft)	16.33		
Volume(ft ³)	1.425		
	ndonment Deta		
Material to fill Well casing	SAND TO 18" I	BLS, BENTONIT	E TO SURFACE
Volume used		NR	
Mixture		NA	
	T		
Material for Monument		NA NA	
Volume used		NR	
Mixture	901	NR NR	D.A.D.E.
Height Above Grade		FILLED TO GI	
Depth Below Grade	CASING C	JT OFF 6" BEL	OW GRADE
A access liv	nes 1" Diameter	orloss	
Diameter	NA Diameter	01 1699	1
Welded	NA NA		
Capped	NA		
Jappou	1.47.1	1	1

Well Name:	ACID PIT I-09)	
Well ID Number:	776		-
Location:	RWMC		-
Field Team:			
Start Date:	7/27/2005	<u> </u>	
End Date:	7/27/2005		
		_	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
	_	_	•
Equipment To Be Removed	Yes	No	
Pump		X	
Instrumentation		X	
		_	
Well Casing	_		
Diameter	4"		
Total Depth (ft)	17.66		
Volume(ft ³)	1.54		
	ndonment Deta		
Material to fill Well casing	SAND TO 18"	BLS, BENTONIT	E TO SURFACE
Volume used		NR	
Mixture		NA	
	T		
Material for Monument	-	NA NA	
Volume used		NR	
Mixture		NR_	D.A.D.E.
Height Above Grade		FILLED TO GI	
Depth Below Grade	CASING C	UT OFF 6" BEL	OW GRADE
Access li	nes 1" Diameter	orloss	
Diameter	NA	01 1699	
Welded	NA		
Capped	NA		
	1. 77 1	1	I .

Well Name:	ACID PIT I-1	0	
Well ID Number:	777		-
Location:	RWMC		-
Field Team:			
Start Date:	8/1/200	5	
End Date:	8/1/200	5	
Well Description	<u> </u>		
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No	1
Pump		X	1
Instrumentation		X]
Wall Cooling		\neg	
Well Casing	4"		Г
Diameter Total Donth (ft)	19.75	+	-
Total Depth (ft)	_	+	-
Volume(ft ³)	1.72		ļ
Aba	ndonment Det	ails	
Material to fill Well casing	SAND TO 18"	BLS, BENTONIT	E TO SURFACE
Volume used		NR	
Mixture		NA	
Material for Monument		NA	
Volume used		NR	
Mixture		NR	
Height Above Grade		L FILLED TO G	
Depth Below Grade	CASING C	UT OFF 6" BEL	OW GRADE
Access II	nes 1" Diamete	er or loss	
Diameter	NA	l or less	T
Welded	NA NA		
Capped	NA NA		
- appou	1.0.1	1	I

Well Name:	ACID PIT I-12		
Well ID Number:	779		•
Location:	RWMC		•
Field Team:			
Start Date:	7/28/2005		
End Date:	7/28/2005	_	
		-	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
		_	,
Equipment To Be Removed	Yes	No	
Pump		X	
Instrumentation		X	
		_	
Well Casing			
Diameter	4"		
Total Depth (ft)	16.66		
Volume(ft ³)	1.453		
	donment Deta	ils	
Material to fill Well casing	SAND TO 18" E	BLS, BENTONITI	E TO SURFACE
Volume used		NR	
Mixture		NA	
Material for Monument		NA	
Volume used		NR	
Mixture		NR	
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CU	JT OFF 6" BEL	OW GRADE
A coope lin	es 1" Diameter	or loss	
Diameter	NA Diameter	01 1699	
Welded	NA		
Capped	NA		
Ouppou	1147 (

Well Name:	ACID PIT I-13	•	
Well ID Number:	780		-
Location:	RWMC		-
Field Team:			
Start Date:	7/28/2005		
End Date:	7/28/2005		
		_	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
			_
Equipment To Be Removed	Yes	No	
Pump		X	
Instrumentation		X	
	•		•
Well Casing]	
Diameter	4"		
Total Depth (ft)	16.58		
Volume(ft ³)	1.45		
	•	-	•
Abar	ndonment Deta	ils	
Material to fill Well casing	SAND TO 18" E	BLS, BENTONIT	E TO SURFACE
Volume used		NR	
Mixture		NA	
Material for Monument	NA		
Volume used		NR	
Mixture		NR	
Height Above Grade		FILLED TO GI	
Depth Below Grade	CASING CL	JT OFF 6" BEL	OW GRADE
A P	4!! D:		
	nes 1" Diameter	or iess	1
Diameter Welded	NA NA		

NA

Capped

Well Name: Well ID Number: Location:	ACID PIT P-0 784 RWMC	1	-
Field Team:	0/4/0005		
Start Date:	8/1/2005	-	
End Date:	8/1/2005	_	
Well Description	1		
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
	Ty.	Ts.	1
Equipment To Be Removed	Yes	No	
Pump		X	
Instrumentation		X]
Well Cooling		1	
Well Casing Diameter	4"		I
	18		
Total Depth (ft)			
Volume(ft ³)	1.57		
Aban	donment Deta	ils	
Material to fill Well casing		BLS, BENTONITI	E TO SURFACE
Volume used		NR	
Mixture		NA	
	•		
Material for Monument		NA	
Volume used		NR	
Mixture		NR	
Height Above Grade		. FILLED TO GI	
Depth Below Grade	CASING CL	JT OFF 6" BEL	OW GRADE
	411.51		
	es 1" Diameter	or less	ī
Diameter	NA		
Welded	NA		
Capped	NA		

Well Name:	ACID PIT P-03			
Well ID Number:	786			
Location:	RWMC			
Field Team:				
Start Date:	7/27/2005			
End Date:	7/27/2005	_		
		_		
Well Description				
Pad Condition		REMOVED		
Brass Cap Condition	REMOVED			
	T	1	1	
Equipment To Be Removed	Yes	No		
Pump		X]	
Instrumentation		X		
		_		
Well Casing				
Diameter	4"			
Total Depth (ft)	17.75			
Volume(ft ³)	1.54			
Aban	donment Deta	ils		
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE			
Volume used	NR			
Mixture	NA			
Material for Monument	NA			
Volume used	NR			
Mixture	NR			
Height Above Grade	SOIL FILLED TO GRADE CASING CUT OFF 6" BELOW GRADE			
Depth Below Grade	CASING CI	JT OFF 6" BEL	OW GRADE	
A !!:	as 4" Diamenter	or loop		
Diameter Access iin	ies 1" Diameter NA	or iess	I	
Welded	NA NA			
Capped	NA NA			
Capped	INA			

Well Name:	ACID PIT P-0	5		
Well ID Number:	788			
Location:	RWMC			
Field Team:				
Start Date:	7/27/2005			
End Date:	7/27/2005	-		
		_		
Well Description				
Pad Condition		REMOVED		
Brass Cap Condition		REMOVED		
Equipment To Be Removed	Yes	No]	
Pump		X		
Instrumentation		X		
		_	_	
Well Casing				
Diameter	4"			
Total Depth	22.75			
Volume(ft ³)	1.985			
	donment Deta	ils		
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE			
Volume used	NR			
Mixture	NA			
Material for Monument	NA			
Volume used	NR_			
Mixture	NR			
Height Above Grade	SOIL FILLED TO GRADE CASING CUT OFF 6" BELOW GRADE			
Depth Below Grade	CASING CL	JT OFF 6" BEL	OW GRADE	
A access lin	nes 1" Diameter	or loss		
Diameter	NA	01 1699		
Welded	NA			
Capped	NA			
Ouppou	1 4/ 1			

Well Name:	ACID PIT P-06			
Well ID Number:	789			
Location:	RWMC			
Field Team:				
Start Date:	7/28/2005)		
End Date:	7/28/2005	-		
		_		
Well Description				
Pad Condition		REMOVED		
Brass Cap Condition		REMOVED		
			_	
Equipment To Be Removed	Yes	No		
Pump		X		
Instrumentation		X		
	•	_	•	
Well Casing				
Diameter	4"			
Total Depth (ft)	18.9			
Volume(ft ³)	1.65			
	•			
Abar	donment Deta	ils		
Material to fill Well casing	SAND TO 18" I	BLS, BENTONIT	E TO SURFACE	
Volume used	NR			
Mixture	NA			
Material for Monument	NA			
Volume used	NR			
Mixture	NR			
Height Above Grade	SOIL FILLED TO GRADE			
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE			
	411 D' '			
	nes 1" Diameter	oriess	1	
Diameter	NA			
Welded	NA			

NA

Capped

Well Name: Well ID Number: Location: Field Team: Start Date: End Date:	GIN 06 164-1 Southwest of Oberhansley 9/6/2005 9/6/2005	f SMC , Anderson, Jen —	- - sen	
Well Description				
Pad Condition		REMOVED		
Brass Cap Condition		REMOVED		
Equipment To Be Removed	Yes	No	1	
Pump		Х	1	
Instrumentation		Х	1	
Well Casing				
Diameter	4.5"			
Total Depth	57			
Volume(ft ³)	FILLED IN			
Δha	ndonment Det	aile		
Material to fill Well Lines	NA	uno		
Volume used	NA			
Mixture	NA			
	-			
Material for Monument	NA			
Volume used		NA		
Mixture	NA	NA		
Height Above Grade	NA			
Depth Below Grade	NA			
A agong li	nes 1" Diamete	ar or loop		
Diameter	1/2"	1 01 1622		
Welded	1/2			
Capped/Crimped	2 lines Cut 8"	2 lines Cut 8" BLS		

Well Name:	GIN 06			
Well ID Number:	164-2		_	
Location:	Southwest o	f SMC	_	
Field Team:	Oberhansley	, Anderson, Jen	sen	
Start Date:	9/6/2005			
End Date:	9/6/2005			
		_		
Well Description				
Pad Condition		REMOVED		
Brass Cap Condition		REMOVED		
	_		_	
Equipment To Be Removed	Yes	No		
Pump		X		
Instrumentation		X	_	
		_		
Well Casing	_			
Diameter	4.5"			
Total Depth	57			
Volume(ft ³)	FILLED IN			
	ndonment Det	ails		
Material to fill Well Lines	NA			
Volume used	NA			
Mixture	NA			
Material for Monument	NA			
Volume used		NA		
Mixture	NA			
Height Above Grade	NA			
Depth Below Grade	NA			
A cocca li	noo 1" Diamete	or loop		
Diameter Access II	nes 1" Diamete 1/2"	ei oi iess	T	
Welded	1/2			
	O lines Out O''			
Capped/Crimped	2 lines Cut 8"	DLO		

Well Name: GIN-07

Well ID Number: 165-1

Location: Souhtwest of SMC

Field Team: Oberhansley, Anderson, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Χ
Instrumentation		Χ

Well Casing		
Diameter	6.5	
Total Depth(ft)	200.1	
Volume(ft ³)	5.35	

Abandonment Details				
Material to fill Well casing	NA			
Volume used	NA			
Mixture	NA			
Volume of Lines (ft ³)	NA			
Material for Monument	NONE			
Volume used	NA			
Mixture	NA			
Height Above Grade	NA			
Depth Below Grade	NA	NA		
Access lines 1" Diameter or less				
Diameter	1/2"			
Welded				
Capped/Crimped	CUT OFF	CUT OFF8"BLS		

Well Name: GIN-07

Well ID Number: 165-2

Location: Souhtwest of SMC

Field Team: Oberhansley, Anderson, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Χ
Instrumentation		Χ

Well Casing		
Diameter	6.5	
Total Depth(ft)	200.1	
Volume(ft ³)	5.35	

Abandonment Details			
Material to fill Well casing	BENTONITE G	ROUT	
Volume used	3.04		
Mixture	19 bags/260 ga	al.	
Volume of Lines (ft ³)	0.19		
Material for Monument	NONE		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	CUT OFF8"BLS		

Well Name: GIN-07

Well ID Number: 165-3

Location: Souhtwest of SMC

Field Team: Oberhansley, Anderson, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing		
Diameter	6.5	
Total Depth(ft)	200.1	
Volume(ft ³)	5.35	

Abandonment Details		
Material to fill Well casing	BENTONITE GROUT	
Volume used	6.46 Bags	
Mixture	19 bags/260 gal.	
Volume of Lines (ft ³)	0.34	
Material for Monument	NONE	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access lines 1" Diameter or less		
Diameter	1"	
Welded		
Capped/Crimped	CUT OFF8"BLS	

Well Name: GIN-07

Well ID Number: 165-4

Location: Souhtwest of SMC

Field Team: Oberhansley, Anderson, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing		
Diameter	6.5	
Total Depth(ft)	200.1	
Volume(ft ³)	5.35	

Abandonment Details			
Material to fill Well casing	erial to fill Well casing BENTONITE GROUT		
Volume used	9.5 bags		
Mixture	19 bags/260 gal.		
Volume of Lines (ft ³)	0.56		
Material for Monument	NONE		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped CUT OFF8"BLS			

Well Name:	GIN 09		
Well ID Number:	164-1		-
Location:	Southwest of	f SMC	_
Field Team:	Oberhansley	, Anderson, Jen	sen
Start Date:	9/6/2005		
End Date:	9/6/2005	<u></u>	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
			_
Equipment To Be Removed	Yes	No	
Pump		X	
Instrumentation		X	
		_	
Well Casing			
Diameter	8"		
Total Depth	53		
Volume(ft ³)	FILLED IN		
Aba	ndonment Det	ails	
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
A 15	4" D'		
	nes 1" Diamete	er or iess T	T
Diameter	1/2"		
Welded	0.4011.01.0		
Capped/Crimped	Cut 8" BLS		1

Well Name: **GIN 09** Well ID Number: 164-2 Southwest of SMC Location: Field Team: Oberhansley, Anderson, Jensen Start Date: 9/6/2005 End Date: 9/6/2005 Well Description Pad Condition REMOVED Brass Cap Condition **REMOVED** Equipment To Be Removed Yes No Χ Pump X Instrumentation Well Casing 8" Diameter 53 Total Depth Volume(ft³) FILLED IN **Abandonment Details** Material to fill Well Lines NA NA Volume used NA Mixture NA Material for Monument NA Volume used Mixture NA Height Above Grade NA Depth Below Grade NA Access lines 1" Diameter or less Diameter 1/2" Welded

Cut 8" BLS

Capped/Crimped

Well Name: **GIN 09** Well ID Number: 164-3 Southwest of SMC Location: Field Team: Oberhansley, Anderson, Jensen Start Date: 9/6/2005 End Date: 9/6/2005 Well Description Pad Condition REMOVED Brass Cap Condition **REMOVED** Equipment To Be Removed Yes No Χ Pump X Instrumentation Well Casing 8" Diameter 53 Total Depth Volume(ft³) FILLED IN **Abandonment Details** Material to fill Well Lines NA NA Volume used NA Mixture NA Material for Monument NA Volume used Mixture NA Height Above Grade NA Depth Below Grade NA Access lines 1" Diameter or less Diameter 1/2" Welded

Cut 8" BLS

Capped/Crimped

Well Name:	GIN 10		
Well ID Number:	168-1		-
Location:	Southwest of	SMC	-
Field Team:	Oberhansley	, Anderson, Jen	sen
Start Date:	9/8/2005		
End Date:	9/9/2005		
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
	Ts a	T	1
Equipment To Be Removed	Yes	No	1
Pump		Х	1
Instrumentation		Х]
Wall Casina		٦	
Well Casing			1
Diameter			
Total Depth	44		
Volume(ft ³)	FILLED IN		
Alica	l		
	ndonment Deta	alis	
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	INA		
Volume used	NA NA		
Mixture	NA		
Height Above Grade	NA NA		
Depth Below Grade	NA NA		
	1: " :		
Access li	nes 1" Diamete	r or less	
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

Well Name:	GIN 10		
Well ID Number:	168-2		-
Location:	Southwest of	SMC	-
Field Team:	Oberhansley	, Anderson, Jen	sen
Start Date:	9/8/2005		
End Date:	9/9/2005	<u>_</u>	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
	Ts a	Ts :	1
Equipment To Be Removed	Yes	No	1
Pump		Х	1
Instrumentation		X]
Wall Casina		7	
Well Casing	8"		1
Diameter			
Total Depth	44	_	
Volume(ft ³)	FILLED IN		
Alica		- !! -	
	ndonment Deta	alis	
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	INA		
Volume used	NA NA		
Mixture	NA NA		
Height Above Grade	NA NA		
Depth Below Grade	NA NA		
-			
Access li	nes 1" Diamete	r or less	
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

Well Name: **GIN 10** Well ID Number: 168-3 Southwest of SMC Location: Field Team: Oberhansley, Anderson, Jensen Start Date: 9/8/2005 End Date: 9/9/2005 Well Description Pad Condition REMOVED Brass Cap Condition **REMOVED** Equipment To Be Removed Yes No Χ Pump X Instrumentation Well Casing 8" Diameter 44 Total Depth Volume(ft³) FILLED IN **Abandonment Details** Material to fill Well Lines NA NA Volume used NA Mixture NA Material for Monument NA Volume used Mixture NA Height Above Grade NA Depth Below Grade NA Access lines 1" Diameter or less Diameter 1/2" Welded Capped/Crimped Cut 8" BLS

Well Name: Well ID Number: Location: Field Team: Start Date: End Date:	GIN 11 169-1 Southwest of 3 Oberhansley, 8/31/2005 8/31/2005	SMC Anderson, Jens -	- - sen
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed Pump Instrumentation	Yes	No X X	
Well Casing		1	
Diameter	8"		
Total Depth	44		
Volume(ft ³)	FILLED IN		
Δhan	donment Detai	ile	
Material to fill Well Lines	NA	113	
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lin	es 1" Diameter	or less	
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

Well Name: **GIN 11** Well ID Number: 169-2 Southwest of SMC Location: Field Team: Oberhansley, Anderson, Jensen Start Date: 8/31/2005 End Date: 8/31/2005 Well Description Pad Condition REMOVED Brass Cap Condition **REMOVED** Equipment To Be Removed Yes No Pump Χ X Instrumentation Well Casing 8" Diameter 44 Total Depth Volume(ft³) FILLED IN **Abandonment Details** Material to fill Well Lines NA NA Volume used NA Mixture NA Material for Monument NA Volume used Mixture NA Height Above Grade NA Depth Below Grade NA Access lines 1" Diameter or less Diameter 1/2" Welded Capped/Crimped Cut 8" BLS

Well Name:	GIN 11		_
Well ID Number:	169-3		
Location:	Southwest o	f SMC	
Field Team:	Oberhansley	, Anderson, Jen	sen
Start Date:	8/31/2005		
End Date:	8/31/2005		
			
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
			_
Equipment To Be Removed	Yes	No	
Pump		Х	
Instrumentation		X	
			_
Well Casing			
Diameter	8"		
Total Depth	44		
Volume(ft ³)	FILLED IN		
Aba	ndonment Det	tails	
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
	nes 1" Diamete	er or less	
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

Well Name: Well ID Number: Location: Field Team:	GIN 12 170-1 Southwest of Oberhansley	f SMC , Anderson, Jen	- - sen
Start Date: End Date:	9/1/2005 9/1/2005	<u> </u>	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition			
Equipment To Be Removed	Yes	No	1
Pump		Х	
Instrumentation		Х	
			_
Well Casing			
Diameter	8"		
Total Depth	48		
Volume(ft ³)	FILLED IN		
Λha	ndonment Det	aile	
Material to fill Well Lines	NA	alis	
Volume used	NA NA		
Mixture	NA		
	•		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
A 11	411 D: (
	nes 1" Diamete	er or less	
Diameter	1/2"		
Welded	0.40".01.0		
Capped/Crimped	Cut 8" BLS		

Well Name: Well ID Number:	GIN 12 170-2		_
Location:	Southwest of	f SMC	_
Field Team:		, Anderson, Jer	nsen
Start Date:	9/1/2005	,	
End Date:	9/1/2005	<u> </u>	
		_	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition			
			_
Equipment To Be Removed	Yes	No	
Pump		X	
Instrumentation		X	
Well Casing			
Diameter	8"		
Total Depth	48		
Volume(ft ³)	FILLED IN		
	ndonment Det	ails	
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
	T		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access li	nes 1" Diamete	er or less	
Diameter	1/2"	. 51 1000	
Welded			
Canned/Crimned	Cut 8" BLS		

Well Name:	GIN 12		_	
Well ID Number:	170-3		_	
Location:		Southwest of SMC		
Field Team:		Anderson, Jens	sen	
Start Date:	9/1/2005	_		
End Date:	9/1/2005	_		
Well Description				
Pad Condition		REMOVED		
Brass Cap Condition				
Equipment To Be Removed	Yes	No]	
Pump		Х	1	
Instrumentation		Х	1	
	•	•		
Well Casing]		
Diameter	8"			
Total Depth	48			
Volume(ft ³)	FILLED IN			
	ndonment Deta	ils		
Material to fill Well Lines	NA			
Volume used	NA			
Mixture	NA			
Material for Monument	INA			
Volume used	NA NA			
Mixture	NA NA			
Height Above Grade	NA			
Depth Below Grade	NA			
Access lin	nes 1" Diameter	or less		
Diameter	1/2"			
Welded				
Capped/Crimped	Cut 8" BLS			

Well Name:	GIN 13		
Well ID Number:	171-1	_	
Location:	Southwest of S	SMC	•
Field Team:	Oberhansley, A	Anderson, Jens	sen
Start Date:	9/1/2005		
End Date:	9/1/2005		
		-	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
			,
Equipment To Be Removed	Yes	No	
Pump		Х	
Instrumentation		X	
		,	
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Aban	donment Detai	:1_	
		IIS .	
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
	es 1" Diameter	or less	
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

Well Name:	GIN 13		<u>-</u>	
Well ID Number:		171-2		
Location:	Southwest of			
Field Team:		Anderson, Jens	sen	
Start Date:	9/1/2005	-		
End Date:	9/1/2005	-		
Well Description	1			
Pad Condition		REMOVED		
Brass Cap Condition		REMOVED		
Equipment To Be Removed	Yes	No]	
Pump		Х	1	
Instrumentation		Х	1	
			•	
Well Casing]		
Diameter	NA			
Total Depth	NA			
Volume(ft ³)	NA			
Δhai	ndonment Deta	ile		
Material to fill Well Lines	INA			
Volume used	NA NA			
Mixture	NA			
Material for Monument	NA			
Volume used	NA			
Mixture	NA			
Height Above Grade	NA			
Depth Below Grade	NA			
A cocce li	noo 1" Diameter	or loop		
Diameter	nes 1" Diameter 1/2"	UI IESS	<u> </u>	
Welded	1/2			
Capped/Crimped	Cut 8" BLS			
Cappeu/Chimpeu	JULIO BLO			

Well Name:	GIN 13		
Well ID Number:	171-3	-	
Location:	Southwest of	SMC	-
Field Team:	Oberhansley,	Anderson, Jens	sen
Start Date:	9/1/2005		
End Date:	9/1/2005		
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No	1
Pump	1 63	X	1
Instrumentation		X	1
Instrumentation		<u> </u> ^	l
Well Casing		7	
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
About	denment Dete	·!!-	
	Idonment Deta	IIIS	
Material to fill Well Lines	NA NA		
Volume used Mixture	NA NA		
Mixture	INA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
	411.51		
	nes 1" Diameter	or less	1
Diameter	1/2"	-	
Welded	1	-	
Capped/Crimped	3 lines	<u> </u>	

Well Name: **GIN 14** Well ID Number: 172-1 Southwest of SMC Location: Field Team: Oberhansley, Anderson, Jensen Start Date: 8/31/2005 End Date: 8/31/2005 Well Description Pad Condition REMOVED Brass Cap Condition **REMOVED** Equipment To Be Removed Yes No Χ Pump X Instrumentation Well Casing 8" Diameter 51.5 Total Depth Volume(ft³) FILLED **Abandonment Details** Material to fill Well Lines NA NA Volume used NA Mixture NA Material for Monument NA Volume used Mixture NA Height Above Grade NA Depth Below Grade NA Access lines 1" Diameter or less Diameter 1/2" Welded

Cut 8" BLS

Capped/Crimped

Well Name: **GIN 14** Well ID Number: 172-2 Southwest of SMC Location: Field Team: Oberhansley, Anderson, Jensen Start Date: 8/31/2005 End Date: 8/31/2005 Well Description Pad Condition REMOVED Brass Cap Condition **REMOVED** Equipment To Be Removed Yes No Χ Pump X Instrumentation Well Casing 8" Diameter 51.5 Total Depth Volume(ft³) FILLED **Abandonment Details** Material to fill Well Lines NA NA Volume used NA Mixture NA Material for Monument NA Volume used Mixture NA Height Above Grade NA Depth Below Grade NA Access lines 1" Diameter or less Diameter 1/2" Welded

Cut 8" BLS

Capped/Crimped

Well Name: **GIN 14** Well ID Number: 172-3 Southwest of SMC Location: Field Team: Oberhansley, Anderson, Jensen Start Date: 8/31/2005 End Date: 8/31/2005 Well Description Pad Condition REMOVED Brass Cap Condition **REMOVED** Equipment To Be Removed Yes No Χ Pump X Instrumentation Well Casing 8" Diameter 51.5 Total Depth Volume(ft³) FILLED **Abandonment Details** Material to fill Well Lines NA NA Volume used NA Mixture NA Material for Monument NA Volume used Mixture NA Height Above Grade NA Depth Below Grade NA Access lines 1" Diameter or less

1/2"

Cut 8" BLS

Diameter

Capped/Crimped

Welded

Well Name: Well ID Number: Location: Field Team:	GIN 15 173-1 Southwest o		-
Start Date: End Date:	8/31/2005 8/31/2005	/, Anderson, Jen 	Sell
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No	1
Pump		Х	1
Instrumentation		Х]
W II 0		_	
Well Casing	Tara		T
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Λha	ndonment Det	taile	
Material to fill Well Lines	NA	lalis	
Volume used	NA NA		
Mixture	NA		
	•		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
	411.51		
	nes 1" Diamete	er or less	1
Diameter	1/2"	-	
Welded			
Capped/Crimped	Cut 8" BLS		

Well Name:	GIN 15			
Well ID Number:	173-2	173-2		
Location:	Southwest of	Southwest of SMC		
Field Team:	Oberhansle	y, Anderson, J	ensen	
Start Date:	8/31/2005	<u></u>		
End Date:	8/31/2005	<u></u>		
N. 11 D	1			
Well Description				
Pad Condition		REMOVE		
Brass Cap Condition		REMOVE	D	
Equipment To Be Removed	Yes	No	\neg	
Pump		Х		
Instrumentation		X		
	•			
Well Casing				
Diameter	NA			
Total Depth	NA			
Volume(ft ³)	NA			
	ndonment De	tails		
Material to fill Well Lines	NA			
Volume used	NA			
Mixture	NA			
Material for Monument	NA NA			
Volume used	NA NA			
Mixture	NA NA			
Height Above Grade	NA			
Depth Below Grade	NA			
Access li	nes 1" Diamet	er or less		
Diameter	1/2"			
Welded				
Capped/Crimped	Cut 8" BLS			

Well Name:	GIN 15		_	
Well ID Number: Location:		173-3		
Field Team:		Southwest of SMC Oberhansley, Anderson, Jense		
Start Date:	8/31/2005	/, Anderson, Jen	Sen	
End Date:	8/31/2005	_		
End Date.	0/31/2003	<u>—</u>		
Well Description				
Pad Condition		REMOVED		
Brass Cap Condition		REMOVED		
Equipment To Be Removed	Yes	No	1	
Pump	1.00	X	†	
Instrumentation		X	1	
	L		1	
Well Casing				
Diameter	NA			
Total Depth	NA			
Volume(ft ³)	NA			
Aba	and a name of Dat	haila		
	Indonment Det	alis		
Material to fill Well Lines Volume used	NA NA			
Mixture	NA NA			
Mixture	INA			
Material for Monument	NA			
Volume used	NA			
Mixture	NA			
Height Above Grade	NA			
Depth Below Grade	NA			
	. 411 D. (
	ines 1" Diamete	er or iess		
Diameter	1/2"			
Welded	0.40"516			
Capped/Crimped	Cut 8" BLS		1	

Well Name: Well ID Number: Location: Field Team:	GIN 16 174-1 Southwest of Oberhansley	SMC , Anderson, Jens	- - sen
Start Date: End Date:	8/31/2005 8/31/2005	_	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No]
Pump		X	1
Instrumentation		Х	
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Δha	ndonment Deta	aile	
Material to fill Well Lines	NA	u113	
Volume used	NA NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
	nes 1" Diamete	r or less	
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

Well Name: Well ID Number: Location:	GIN 16 174-2 Southwest o		-
Field Team:		, Anderson, Jens	sen
Start Date: End Date:	8/31/2005 8/31/2005	<u> </u>	
End Date.	6/31/2003	_	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No	1
Pump	1.22	X	1
Instrumentation		Х	1
	•	•	•
Well Casing		\neg	
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
	ndonment Det	ails	
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA NA		
Mixture	NA NA		
Height Above Grade	NA		
Depth Below Grade	NA		
	nes 1" Diamete	er or less	,
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

Well Name:	GIN 16		_
Well ID Number:	174-3		
Location:	Southwest of \$	SMC	
Field Team:	Oberhansley,	Anderson, Jens	sen
Start Date:	8/31/2005	_	
End Date:	8/31/2005	_	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No]
Pump		Х	1
Instrumentation		Х	1
	•	•	•
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Ahai	ndonment Deta	ile	
Material to fill Well Lines	NA	115	
Volume used	NA NA		
Mixture	NA NA		
	•		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
A !:	and 1" Diameter		
Diameter Access III	nes 1" Diameter 1/2"	or iess	I
Welded	1/2		
Capped/Crimped	Cut 8" BLS		
Cappeu/Chimpeu	JULIO DLO		

Well Name: Well ID Number:	GIN 17 175-1		_	
Location:		Southwest of SMC		
Field Team:		, Anderson, Jen	sen	
Start Date:	8/31/2005	, ,		
End Date:	8/31/2005	<u>_</u>		
Well Description				
Pad Condition		REMOVED		
Brass Cap Condition		REMOVED		
Equipment To Be Removed	Yes	No	1	
Pump		X		
Instrumentation		X		
		<u></u>	_	
Well Casing				
Diameter	NA			
Total Depth	NA			
Volume(ft ³)	NA			
Δh:	andonment Det	ails		
Material to fill Well Lines	NA NA	.uiio		
Volume used	NA NA			
Mixture	NA			
	-			
Material for Monument	NA			
Volume used	NA			
Mixture	NA			
Height Above Grade	NA			
Depth Below Grade	NA			
Access	lines 1" Diamete	ar or lose		
Diameter	1/2"	7 01 1033		
Welded	1/2			
Capped/Crimped	Cut 8" BLS			
	130.0 220	!		

Well Name:	GIN 17			
Well ID Number:	175-2			
Location:	Southwest of	SMC	•	
Field Team:	Oberhansley,	Anderson, Jens	sen	
Start Date:	8/31/2005			
End Date:	8/31/2005	_		
		_		
Well Description				
Pad Condition		REMOVED		
Brass Cap Condition		REMOVED		
		,	,	
Equipment To Be Removed	Yes	No		
Pump		X		
Instrumentation		X		
		-		
Well Casing				
Diameter	NA			
Total Depth	NA			
Volume(ft ³)	NA			
Ahan	donment Deta	ile		
Material to fill Well Lines	NA	113		
Volume used	NA			
Mixture	NA			
Wikture	INA			
Material for Monument	NA			
Volume used	NA			
Mixture	NA			
Height Above Grade	NA			
Depth Below Grade	NA			
	es 1" Diameter	or less		
Diameter	1/2"			
Welded				
Capped/Crimped	Cut 8" BLS	<u> </u>		

Well Name: Well ID Number: Location: Field Team:	GIN 17 175-3 Southwest o		-
Start Date: End Date:	8/31/2005 8/31/2005	/, Anderson, Jen 	Sell
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No	1
Pump		Х	1
Instrumentation		Х]
Well Casing	Tara		T
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Λha	ndonment Det	taile	
Material to fill Well Lines	NA	lalis	
Volume used	NA NA		
Mixture	NA		
	•		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
	411 52		
	nes 1" Diamete	er or less	1
Diameter	1/2"	-	
Welded			
Capped/Crimped	Cut 8" BLS		

Well Name: Well ID Number: Location: Field Team: Start Date: End Date:	GIN 17 175-4 Southwest of Oberhansley, 8/31/2005 8/31/2005	SMC Anderson, Jens –	sen
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No]
Pump		Х]
Instrumentation		Х	1
		7	-
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Δhar	ndonment Deta	nile	
Material to fill Well Lines	INA		
Volume used	NA		
Mixture	NA NA		
	1		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
A	4" D' '	1	
	nes 1" Diameter	or less	I
Diameter	1/2"	 	
Welded		-	
Capped/Crimped	Cut 8" BLS		

Well Name: Well ID Number: Location: Field Team: Start Date: End Date:	GIN 18 176-1 Southwest of 3 Oberhansley, 9/8/2005 9/8/2005	SMC Anderson, Jens -	sen
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No]
Pump		X	1
Instrumentation		X	1
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Aba	ndonment Deta	ils	
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
A !:	noo 1" Diamotor		
Diameter	nes 1" Diameter 1/2"	01 1692	
Welded	1/2		
Capped/Crimped	1 Cut 8" BLS		
	1. 04.0 220		L

Well Name:GIN 18Well ID Number:176-2Location:Southwest of SMCField Team:Oberhansley, Anderson, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Χ
Instrumentation		Χ

Well Casing		
Diameter	NA	
Total Depth	NA	
Volume(ft ³)	NA	

Abandonment Details				
Material to fill Well Lines	1/2 Bag silica sand/ Bentonite Grout			
Volume used	4.03 bags			
Mixture	15.5 bags/286 gal			
Volume of Lines	0.64			
Material for Monument	NA			
Volume used	NA			
Mixture	NA			
Height Above Grade	NA			
Depth Below Grade	NA			
Access lines 1" Diameter or less				
Diameter	1"			
Welded				
Capped/Crimped	1 Cut 8" BLS			

Well Name:GIN 18Well ID Number:176-3Location:Southwest of SMC

Field Team: Oberhansley, Anderson, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	NA	
Total Depth	NA	
Volume(ft ³)	NA	

Abandonment Details				
Material to fill Well Lines	1/2 Bag silica sand/ Bentonite Grout			
Volume used	5.66			
Mixture	15.5 bags/286 gal			
Volume of Lines	0.894			
Material for Monument	NA			
Volume used	NA			
Mixture	NA			
Height Above Grade	NA			
Depth Below Grade	NA			
Access lines 1" Diameter or less				
Diameter	1"			
Welded				
Capped/Crimped	1 Cut 8" BLS			

Well Name: **GIN 18** Well ID Number: 176-4 Southwest of SMC Location: Oberhansley, Anderson, Jensen Field Team: Start Date: 9/8/2005 End Date: 9/8/2005 Well Description Pad Condition **REMOVED** Brass Cap Condition REMOVED **Equipment To Be Removed** No Yes

_qa.p	1.00	1.10
Pump		X
Instrumentation		Х
med americanen	_!	, , , , , , , , , , , , , , , , , , ,
		_

Well Casing		
Diameter	NA	
Total Depth	NA	
Volume(ft ³)	NA	

Abandonment Details	
Material to fill Well Lines	1/2 Bag silica sand/ Bentonite Grout
Volume used	5.81
Mixture	15.5 bags/286 gal
Volume of Lines	0.92
Material for Monument	NA
Volume used	NA
Mixture	NA
Height Above Grade	NA
Depth Below Grade	NA
Access lines 1" Diameter or less	
Diameter	1"
Welded	
Capped/Crimped	Cut off 8" bls

Well Name: Well ID Number: Location: Field Team: Start Date: End Date:	GIN 19 177-1 Southwest of 3 Oberhansley, 9/8/2005 9/8/2005	SMC Anderson, Jens -	sen
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No]
Pump		X	
Instrumentation		Х	
Well Casing]	
Diameter	INA		
Total Depth	NA		
Volume(ft ³)	NA		
Ahan	donment Deta	ile	
Material to fill Well Lines		113	
Volume used	NA		
Mixture	NA		
Volume of Lines	NA NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
A	4" D't		
	es 1" Diameter	or iess	<u> </u>
Diameter	1/2"		
Welded Cannod/Crimpod	4 C. # O" DL C		
Capped/Crimped	1 Cut 8" BLS		

Well Name:	GIN 19		
Well ID Number:	177-2		-
Location:	Southwest of	SMC	-
Field Team:	Oberhansley,	Anderson, Jens	sen
Start Date:	9/8/2005		
End Date:	9/8/2005	_	
		_	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed	Yes	No	
Pump		Χ	
Instrumentation		X	
		_	
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Abar	ndonment Deta	ils	
Material to fill Well Lines	Bentonite Gro	out	
Volume used	3.4 bags		
Mixture	14 bags/210 gal		
Volume of Lines	0.567		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
A 11	411.52	Ī	
	nes 1" Diameter	or iess	1
Diameter	1"		
Welded	1.0 (0".5)		
Capped/Crimped	1 Cut 8" BLS		

Well Name:	GIN 19		
Well ID Number:	177-3		-
Location:	Southwest of	SMC	-
Field Team:		Anderson, Jens	sen
Start Date:	9/8/2005	7 (Hacibon, och	3011
End Date:	9/8/2005	_	
Life Bate.	3/0/2000	-	
Well Description	1		
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
	_	_	•
Equipment To Be Removed	Yes	No	
Pump		X	
Instrumentation		X	
		7	
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
	ndonment Deta		
Material to fill Well Lines	Bentonite Gro	out	
Volume used	4.4 bags		
Mixture		14 bags/210 gal	
Volume of Lines		0.736	
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade		NA	
Depth Below Grade	NA		
A a a a a a li	nes 1" Diameter	or loss	
Diameter	1"	UI 1622	1
Welded	I		
Capped/Crimped	1 Cut 8" BLS		
Cappea/ Chimpea	I COLO DES	I	1

Well Name:	GIN 19		
Well ID Number:	177-4		_
Location:	Southwest of SMC		_
Field Team:	Oberhansley,	Anderson, Jens	sen
Start Date:	9/8/2005		
End Date:	9/8/2005	-	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
			-
Equipment To Be Removed	Yes	No	
Pump		Χ	
Instrumentation		X	
		-	
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Abar	ndonment Deta	ils	
Material to fill Well Lines	Bentonite Gro	out	
Volume used	6.1 bags		
Mixture	14 bags/210 g	ıal	
Volume of Lines	1.03		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
A cocce liv	as 1" Diameter		
Diameter	nes 1" Diameter 1	l less	I
Welded			
Capped/Crimped	1 Cut 8" BLS		
Capped/Chiliped	TI CULO BLS		

Well Name:	GIN 20		
Well ID Number:	177-1		•
Location:	Southwest of SMC		-
Field Team:	Oberhansley,	Anderson, Jens	sen
Start Date:	9/8/2005		
End Date:	9/8/2005	-	
		-	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
		_	,
Equipment To Be Removed	Yes	No	
Pump		X	
Instrumentation		X	
		-	
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Aba	ndonment Deta	ils	
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
	nes 1" Diameter	or less	ı
Diameter	1/2"		
Welded	_		
Capped/Crimped	11 Cut 8" BLS	1	l

Well Name: **GIN 20** Well ID Number: 177-2 Southwest of SMC Location: Field Team: Oberhansley, Anderson, Jensen Start Date: 9/8/2005 End Date: 9/8/2005 Well Description Pad Condition REMOVED REMOVED Brass Cap Condition **Equipment To Be Removed** Yes No Pump Χ Х Instrumentation Well Casing NA Diameter NA Total Depth Volume(ft³) NA **Abandonment Details** Material to fill Well Lines **Bentonite Grout** Volume used 2.65 bags Mixture 14.5 bags/239 gal Volume of Lines 0.37 Material for Monument NA NA Volume used Mixture NA Height Above Grade NA Depth Below Grade NA Access lines 1" Diameter or less Diameter Welded

1 Cut 8" BLS

Capped/Crimped

Well Name:	GIN 20		
Well ID Number:	177-3		
Location:	Southwes	st of SMC	
Field Team:	Oberhans	sley, Anderson,	
Start Date:	9/8/2005	,	
End Date:	9/8/2005		
Well Description			
Pad Condition		REMOVE	ED .
Brass Cap Condition		REMOVE	ED
·	•		
Equipment To Be Removed	Yes	No	
Pump		Х	
Instrumentation		Х	
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
	•		•
Abaı	ndonment l	Details	
Material to fill Well Lines	Bentonite	e Grout	
Volume used	7.45 bags	3	
Mixture	14.5 bags	s/239 gal	
Volume of Lines	1.036		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
		eter or less	
Diameter	1"		
Welded	1		

1 Cut 8" BLS

Capped/Crimped

Well Name:	GIN 20		
Well ID Number:	177-4		-
Location:	Southwest of	SMC	-
Field Team:	Oberhansley,	Anderson, Jens	sen
Start Date:	9/8/2005		
End Date:	9/8/2005	_	
		_	
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
			_
Equipment To Be Removed	Yes	No	
Pump		X	
Instrumentation		Χ	
		_	
Well Casing			
Diameter	NA		
Total Depth	NA		
Volume(ft ³)	NA		
Abar	ndonment Deta	ils	
Material to fill Well Lines	Bentonite Gro	out	
Volume used	4.4 bags		
Mixture	14.5 bags/239	gal gal	
Volume of Lines	0.61		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
A coope liv	4" Diameter		
	nes 1" Diameter	or iess	I
Diameter	1"		
Welded Conned/Crimped	4.0.4.011.01.0		
Capped/Crimped	1 Cut 8" BLS		

Well Name: Well ID Number: Location: Field Team: Start Date: End Date:	7/14/20 7/14/20			·
Well Description				
Pad Condition		REMOVED)	
Brass Cap Condition		REMOVED)	
English and To Do Dominion I	lv	Ixi.	-	
Equipment To Be Removed	Yes	No		
Pump		X		
Instrumentation		X		
Well Casing		\neg		
Diameter	5"			
Total Depth (ft)	22.3'			
Volume(ft ³)	3.04			
	donment De			
Material to fill Well casing	SAND T	· · · · · · · · · · · · · · · · · · ·	NTONITE TO SUI	RFACE
Volume used		NR_		
Mixture	NA NA			
Material for Monument		NA		
Volume used		NR		
Mixture		NR		
Height Above Grade		OIL FILLED TO		
Depth Below Grade	CASING	CUT OFF 6" BE	ELOW GRADE	

Access lines 1" Diameter or less

NA

NA

NA

Diameter

Welded

Capped

Well Name: Well ID Number: Location: Field Team: Start Date: End Date:	RWMC-SCI-S 1723 RWMC 7/13/2005 7/13/2005		-
Well Description			
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed Pump Instrumentation	Yes	No X X	
Well Casing]	
Diameter	5"		
Total Depth (ft)	18.7'		
Volume(ft ³)	2.55		
Aban	donment Deta	ils	
Material to fill Well casing	SAND TO 18" E	BLS, BENTONIT	E TO SURFACE
Volume used		NR	
Mixture		NA	
Material for Monument		NA	
Volume used	NR		
Mixture	NR		
Height Above Grade		. FILLED TO GI	
Depth Below Grade	CASING CU	JT OFF 6" BEL	OW GRADE
	411.52		
Diameter Access lin	es 1" Diameter	or less	I
u jiameter	ΙΝΙΔ	1	1

NA

NA

Welded

Capped

Well Name: Well ID Number: Location: Field Team: Start Date: End Date:	RWMC-SCI-S 17,181,719 RWMC 7/13/2005 7/13/2005		-
Well Description	1		
Pad Condition		REMOVED	
Brass Cap Condition		REMOVED	
Equipment To Be Removed Pump	Yes	No X	
Instrumentation		X	
Well Casing	T		
Diameter	5"		
Total Depth (ft)	17.3		
Volume(ft ³)	2.359		
Aban	donment Detai	ils	
Material to fill Well casing	T		E TO SURFACE
Volume used		NR	
Mixture		NA	
Material for Monument		NA	
Volume used		NR	
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CL	JT OFF 6" BEL	OW GRADE
Access lin	es 1" Diameter	or loce	
Diameter	NA	01 1000	
Welded	NA		
Capped	NA		

Well Name: RWMC-SCI-S-DU-14 1,721,172,217,481,740 Well ID Number: RWMC Location: Field Team: Start Date: 7/13/2005 7/13/2005 End Date: Well Description Pad Condition **REMOVED** Brass Cap Condition **REMOVED Equipment To Be Removed** Yes No X Pump X Instrumentation **Well Casing** 5" Diameter Total Depth (ft) 17.3 Volume(ft3) 2.36

<u> </u>				
Abandonment Details				
Material to fill Well casing	SAND TO	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used		NR		
Mixture		NA		
Material for Monument		NA		
Volume used		NR		
Mixture		NR		
Height Above Grade		SOIL FILLED TO GRADE		
Depth Below Grade	CASIN	NG CUT OFF 6" BELOW GRADE		
·	•			
Access	lines 1" Dian	ameter or less		
Diameter	NA			
Welded	NA			
Capped	NA			

 Well Name:
 SWPP-01

 Well ID Number:
 286

 Location:
 INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	31	
Volume(ft ³)	0.676	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	.66 bag, .5 bag	
Mixture	8 bags/110 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-01A

Well ID Number: 287
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	30.2	
Volume(ft ³)	0.781	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.0 bag, .5 bag- Casing	
Mixture	7 bags/100 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access I	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-02

Well ID Number: 288
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	35.5	
Volume(ft ³)	0.781	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	0.660 bag, .5 bag- Casing	
Mixture	4 bags/60 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-03

Well ID Number: 290
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	26.5	
Volume(ft ³)	0.583	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.0 bags	
Mixture	8 bags/110 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access lines 1" Diameter or less		
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-03A

Well ID Number: 291
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Х
Instrumentation		Χ

Well Casing		
Diameter	2"	
Total Depth (ft)	33.2	
Volume(ft ³)	0.73	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.0 bag, 0.5 bags Casing	
Mixture	8 bags/110 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access lines 1" Diameter or less		
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-04
Well ID Number: 292

Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Χ
Instrumentation		X

Well Casing		
Diameter	2"	
Total Depth (ft)	18.5	
Volume(ft ³)	0.407	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.33 bags, 0.5 bags Casing	
Mixture	1.33 bags/20 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access lines 1" Diameter or less		
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-04A

Well ID Number: 293
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Х
Instrumentation		Χ

Well Casing		
Diameter	2"	
Total Depth (ft)	31.4	
Volume(ft ³)	0.685	

Abandonment Details		
Material to fill Well Casing	Bentonite G	rout, Powdered Bentonite
Volume used	2.0 bags	
Mixture	8 bags/110 g	al
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diamete	r or less
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-05
Well ID Number: 294

Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	28	
Volume(ft ³)	0.611	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.66 bags	
Mixture	3 bags/45 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-05A

Well ID Number: 295

Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	20.2	
Volume(ft ³)	0.441	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.5 bags	
Mixture	8 bags/110 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access li	ines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-06
Well ID Number: 296

Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	17.6	
Volume(ft ³)	0.0384	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.5 bags	
Mixture	8 bags/110 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-06A
Well ID Number: 297

Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Χ
Instrumentation		Χ

Well Casing		
Diameter	2"	
Total Depth (ft)	18	
Volume(ft ³)	0.393	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1 bag	
Mixture	8 bags/110 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access li	nes 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-08

Well ID Number: 300
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	32.5	
Volume(ft ³)	0.709	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	0.7 bags, 0.5 bags Casing Seal	
Mixture	4 bags/60 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access li	ines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-09

Well ID Number: 302
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	37.5	
Volume(ft ³)	0.818	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.3 bags, 0.5 bags Casing Seal	
Mixture	7 bags/100 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access li	nes 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-10

Well ID Number: 304
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	32	
Volume(ft ³)	0.698	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.0 bags, 0.5 bags Casing Seal	
Mixture	7 bags/100 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-11A

Well ID Number: 307
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Х
Instrumentation		Χ

Well Casing		
Diameter	2"	
Total Depth (ft)	20.5	
Volume(ft ³)	0.447	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	2.0 bags, 0.5 bags Casing Seal	
Mixture	7 bags/100 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-12A

Well ID Number: 309
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Х
Instrumentation		Χ

Well Casing		
Diameter	2"	
Total Depth (ft)	23.3	
Volume(ft ³)	0.508	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	0.5 bags, 0.5 bags Casing Seal	
Mixture	2 bags/40 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-13

Well ID Number: 310
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Х
Instrumentation		Χ

Well Casing		
Diameter	2"	
Total Depth (ft)	32.5	
Volume(ft ³)	0.709	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	0.7 bags, 0.5 bags Casing Seal	
Mixture	7 bags/100 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-13A

Well ID Number: 312
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Х
Instrumentation		Χ

Well Casing		
Diameter	2"	
Total Depth (ft)	29.9	
Volume(ft ³)	0.652	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	0.5 bags, 0.5 bags Casing Seal	
Mixture	4 bags/60 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-14
Well ID Number: 312

Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	33	
Volume(ft ³)	0.72	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	0.7 bags, 0.5 bags Casing Seal	
Mixture	4 bags/60 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access lin	nes 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-14A

Well ID Number: 313
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	29	
Volume(ft ³)	0.633	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	0.5 bags, 0.5 bags Casing Seal	
Mixture	0.5 bags/10 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-15A

Well ID Number: 315
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Х
Instrumentation		Χ

Well Casing		
Diameter	2"	
Total Depth (ft)	30.2	
Volume(ft ³)	0.659	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	0.5 bags, 0.5 bags Casing Seal	
Mixture	0.5 bags/10 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access li	nes 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-16

Well ID Number: 316
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	29	
Volume(ft ³)	0.633	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.0 bags, 0.5 bags Casing Seal	
Mixture	1.0 bags/15 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-17

Well ID Number: 318
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		Х
Instrumentation		Χ

Well Casing		
Diameter	2"	
Total Depth (ft)	20	
Volume(ft ³)	0.436	

Abandonment Details			
Material to fill Well Casing	Bentonite Gro	Bentonite Grout, Powdered Bentonite	
Volume used	1.0 bags, 0.5 b	1.0 bags, 0.5 bags Casing Seal	
Mixture	1.0 bags/15 ga	ıl	
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access li	nes 1" Diameter o	or less	
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

Well Name: SWPP-18

Well ID Number: 320
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	18.5	
Volume(ft ³)	0.404	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.0 bags, 0.5 bags Casing Seal	
Mixture	6.0 bags/85 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
	·	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-18A

Well ID Number: 321

Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	20.7	
Volume(ft ³)	0.452	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.0 bags, 0.5 bags Casing Seal	
Mixture	6.0 bags/85 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-19

Well ID Number: 322
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing		
Diameter	2"	
Total Depth (ft)	34	
Volume(ft ³)	0.742	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	2.0 bags, 0.5 bags Casing Seal	
Mixture	4.0 bags/56 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access li	nes 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-19A

Well ID Number: 323
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	23.7	
Volume(ft ³)	0.517	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.0 bags, 0.5 bags Casing Seal	
Mixture	2.0 bags/50 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-20A

Well ID Number: 325

Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing		
Diameter	2"	
Total Depth (ft)	30.7	
Volume(ft ³)	0.67	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.5 bags, 0.5 bags Casing Seal	
Mixture	8.0 bags/110 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-21A

Well ID Number: 327
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing		
Diameter	2"	
Total Depth (ft)	29.5	
Volume(ft ³)	0.644	

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bags, 0.5 bags Casing Seal	1.0 bags, 0.5 bags Casing Seal	
Mixture	4.0 bags/60 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access	lines 1" Diameter or less		
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

Well Name: SWPP-22
Well ID Number: 328

Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing		
Diameter	2"	
Total Depth (ft)	18	
Volume(ft ³)	0.393	

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.4 bags, 0.5 bags Casing Seal	1.4 bags, 0.5 bags Casing Seal	
Mixture	7.0 bags/100 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access	lines 1" Diameter or less		
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

Well Name: SWPP-23

Well ID Number: 329
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing		
Diameter	2"	
Total Depth (ft)	36	
Volume(ft ³)	0.785	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	3.0 bags, 2.0 bags Casing Seal	
Mixture	NR	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access li	ines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-24

Well ID Number: 330
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing		
Diameter	2"	
Total Depth (ft)	18	
Volume(ft ³)	0.393	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.5 bags, 0.5 bags Casing Seal	
Mixture	3.0 bags/45 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-25

Well ID Number: 331
Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	15	
Volume(ft ³)	0.327	

Abandonment Details		
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite	
Volume used	1.0 bags, 0.5 bags Casing Seal	
Mixture	7.0 bags/100 gal	
Volume of Lines	NA	
Material for Monument	NA	
Volume used	NA	
Mixture	NA	
Height Above Grade	NA	
Depth Below Grade	NA	
Access	lines 1" Diameter or less	
Diameter	NA	
Welded	NA	
Capped/Crimped	NA	

Well Name: SWPP-26
Well ID Number: 332

Location: INTEC

Field Team: Oberhansley, Anderson, Gordon, Jensen

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		Х

Well Casing		
Diameter	2"	
Total Depth (ft)	17	
Volume(ft ³)	0.371	

Abandonment Details				
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite			
Volume used	0.66 bags, 0.5 bags Casing Seal			
Mixture	7.0 bags/100 gal			
Volume of Lines	NA			
Material for Monument	NA			
Volume used	NA			
Mixture	NA			
Height Above Grade	NA			
Depth Below Grade	NA			
Access lines 1" Diameter or less				
Diameter	NA			
Welded	NA			
Capped/Crimped	NA			